



**Royal Commission**  
into Defence and Veteran Suicide

# Serving the nation, and Defence culture and leadership

Volume 2  

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Final Report



Alex Seton

*For Every Drop Shed in Anguish*

made in Sydney, 2022–2023

Australian Pearl Marble

dimensions variable

Collection of the Australian War Memorial, acquired by commission in 2023

AWM2021.938.1

© Alex Seton

Together with veterans and their families, the Australian War Memorial commissioned this work of art to recognise and commemorate the suffering caused by war and military service. *For Every Drop Shed in Anguish* by Alex Seton provides a place in the Australian War Memorial's Sculpture Garden for visitors to grieve, to reflect on service experiences, and to remember the long-term cost of war and service.

Artist Alex Seton said, 'These rounded and abstracted liquid forms represent every drop of blood, sweat and tears ever shed by Australian military personnel and their families. It was very important that we create a different kind of memorial, not a singular heroic monument, but a grouping that acknowledges that there is a wider impact of mental and physical trauma. The large group of forms alludes to the suffering that radiates out from the individual, affecting their family, friends and communities.'

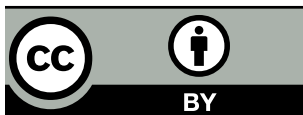
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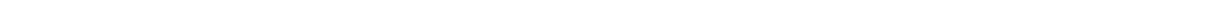


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# **Final Report**

Volume 2:

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# Content warning – discussion of suicide and suicidality

This report is about suicide and suicidality among serving and ex-serving Australian Defence Force (ADF) members. It includes information related to these topics as well as experiences that have contributed to people becoming suicidal. This report includes content that readers may find distressing, confronting, emotionally-laden or otherwise difficult to read. You may find that reading this report brings up traumatic memories or strong emotional responses. We encourage you to speak with someone you trust, or you may wish to seek professional support through one of the services listed here if needed.

It is important to write about suicide, suicidality, traumatic experiences and their ramifications safely and responsibly. In the past, talking about suicide and suicidality has been taboo. We aim to approach our discussion about them in a constructive way. This report was written in line with our trauma-informed approach and using guidance from the Mindframe program.<sup>1</sup> We have aimed to avoid using language that might stigmatise suicide or suicidality or that might inadvertently encourage suicide. We recognise that because this report includes evidence and information provided by other people and organisations, there may be times when the language used does not always meet best practice guidelines.

## Urgent support

If you require urgent or immediate help, you can:

- call triple zero (000)
- go to your local emergency department.

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1 Mindframe, *A guide for media reporting on defence and veteran suicide*, 22 December 2022.

# Crisis support services

## Suicide Call Back Service

1300 659 467

24-hour counselling service for suicide prevention and mental health. Available via telephone, online and by video chat.

## Open Arms

1800 011 046

24-hour mental health support for Navy, Army & Air Force personnel, veterans and their families.

## Defence Member and Family Helpline

1800 624 608

24-hour service providing a range of practical and emotional support programs for families facing emergency or crisis.

## Defence All-hours Support Line

1800 628 036

24-hour service for Australian Defence Force members and their families providing help to access military or civilian mental health services.

## Lifeline Australia

13 11 14 or text 0477 13 11 14

24-hour crisis support service. Available via telephone, online and text chat.

## Beyond Blue

1300 224 636

24-hour counselling service. Available via telephone, online or email.

## 1800RESPECT

1800 737 732

24-hour counselling service for sexual assault, family and domestic violence.

## Men's Referral Service

1300 766 491

24-hour counselling, information and referral service for men concerned about their own use of violence or abusive behaviour.

## MensLine

1300 78 99 78

24-hour support for men with concerns about mental health, anger management, family violence, addiction, relationship stress and wellbeing. Available via telephone, online and by video chat.

## 13YARN

13 92 76

24-hour national support line for First Nations people in crisis.

## QLife

Call 1800 184 527 or visit [qlife.org.au](http://qlife.org.au)

The QLife phone and webchat service is available 3pm to midnight every day, providing space for where LGBTQI+ people and their loved ones can talk about anything affecting their lives.

# Contents

<b>Part 2 Serving the nation</b>	<b>1</b>
<b>3 Recruitment and initial training</b>	<b>3</b>
3.1 Introduction	5
3.2 Recruiting ADF members	6
3.3 What are the effects of new recruitment protocols?	14
3.4 Preparing candidates for the reality of service life	21
3.5 Limitations of screening	25
3.6 Shifting the risk to <i>ab initio</i> training institutions	33
3.7 Support in the first months of service	38
3.8 Setting recruits up for success in their Defence career	51
3.9 Conclusion	59
<b>4 Postings and deployments</b>	<b>77</b>
4.1 Introduction to postings	79
4.2 Postings are used to build operational capability	81
4.3 The impact of postings on members and their families	86
4.4 Opportunities to respond better to the needs of members and their families	94
4.5 Conclusion – postings	105
4.6 Introduction to deployments	106
4.7 Effects of deployment in the short and long term	107
4.8 Making decisions about deployment	118
4.9 Supports for members and their families	122
4.10 Conclusion – deployments	137

<b>5</b>	<b>The military employment classification system and medical separation .....</b>	<b>155</b>
5.1	Why we need to address the military employment classification system and medical separation. ....	156
5.2	Members are not afforded procedural fairness. ....	176
5.3	ADF culture interacts negatively with the MEC system .....	195
5.4	A more strategic approach to retention is required .....	205
	Annexure 5.1 .....	221
	<b>Public report of in-depth inquiry .....</b>	<b>237</b>
	Lessons drawn from in-depth inquiry .....	244
<b>6</b>	<b>Retention issues and voluntary separation .....</b>	<b>247</b>
6.1	Introduction.....	248
6.2	The ADF is short of members .....	249
6.3	What happens when the workforce is insufficient? .....	250
6.4	Service obligations and member retention .....	254
6.5	The ADF does not know why members leave .....	259
6.6	What reasons do members give for leaving?.....	261
6.7	Reforming recruitment and retention.....	264
6.8	Conclusion .....	266
<b>7</b>	<b>Culture and leadership .....</b>	<b>273</b>
7.1	Organisational culture in the Australian Defence Force.....	275
7.2	Towards a people-first, high-capability culture.....	334
7.3	Leadership culture and accountability.....	357
7.4	People, capability and commitment to service .....	389
	Annexure 7.1 .....	395

<b>Case study: Navy Clearance Divers</b> .....	<b>415</b>
1     Introduction.....	415
2     Background.....	417
3     Issues which may affect Navy Clearance Divers.....	425
4     Institutional response.....	445



# Part 2

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## Serving the nation

## 3 Recruitment and initial training

### Summary

Before an individual can join the Australian Defence Force (ADF), they must progress through a multi-stage recruitment process, which requires candidates to complete a series of extensive screening assessments, ranging from criminal history checks and aptitude testing to psychological and medical tests.

Once enlisted, new recruits will be sent to one of seven live-in initial training institutions where they will be introduced to service life. This is also known as '*ab initio*' ('from the beginning') training. With the exception of the Australian Defence Force Academy, most recruits will complete initial training within 90 days. During this time, they can expect to undergo, for example, physical training, and training in weapons handling and ADF values and ethics, transforming them from a civilian to a member of the armed forces.

As a recruit's first experience of service life, recruitment and initial training play an important role in suicide prevention by enabling early identification of suicide risk and intervention. This is also a critical opportunity to prepare recruits for a successful service life, building resilience and protective behaviours like help-seeking.

In this chapter, we examine:

- the ADF's increasing recruitment risk appetite, including reduced entry standards and increased use of medical waivers to accept candidates who do not initially meet the threshold for entry
- how the ADF informs candidates about the risks connected with service life
- the limitations of recruitment screening
- the risk and protective factors associated with initial training institutions
- the need for enhanced screening and support for members in the early stages of service life.

Defence accepts that, as a group, recruits are at higher psychosocial risk by virtue of their age.<sup>1</sup> In particular, younger members at *ab initio* training institutions are at greater risk of suicide and suicidality.<sup>2</sup> A high proportion of recruits who experience suicide or suicidality have pre-existing mental health conditions, which may or may not have been diagnosed.<sup>3</sup>

The ADF has increased the risk appetite for entry into certain roles in the ADF. Yet we found that Defence does not currently track outcomes for successful candidates to see what impact these policy changes might have on the health and wellbeing of members and whether additional support may be required.

Defence is confident that at-risk candidates who do not meet minimum standards are not enlisted into the ADF.<sup>4</sup> However, around one in five of the 168 suspected or confirmed deaths by suicide of serving members between January 2000 and January 2024 had received a rating of 'marginal', 'not recommended' or 'not suitable' on psychological grounds during the recruitment process, according to data from the Defence Suicide Database.<sup>5</sup>

We found there is no universal, formal mental health screening during recruitment or *ab initio* training. Currently, it is possible for up to 3 years to pass before a member undergoes a mental health screen.

Defence assumes that, once enlisted, an individual is suitable for service and does not require additional support. We found that *ab initio* training institutions are not equipped to provide tailored support to new recruits. We heard that they struggle to attract and retain qualified staff.

In Chapter 15, Promoting health and wellbeing among ADF members, we recommend that Defence ensures access to mental health screening, and the offer of referral for further support, during *ab initio* training. This would give Defence baseline data to monitor members' health and wellbeing across their careers.

In addition, we recommend that Defence improves supports for all recruits during initial training to build resilience and embed help-seeking behaviours. Defence should track health, wellbeing and safety outcomes for recruits who enter under increased risk settings during initial training and throughout their careers with the ADF, as it should do for all members. These insights should feed directly back into decisions about the thresholds for entry.

With member consent, Defence should share insights about recruit support needs obtained through recruitment processes to enable *ab initio* training institutions to offer relevant supports proactively. We also recommend Defence prioritises and promotes postings at *ab initio* training institutions and ensures instructors have the resourcing, capabilities and personal attributes necessary to lead and educate young people, including vulnerable individuals.

It is in the best interests of Defence to ensure all new recruits are set up for success. Sustainable workforce growth is dependent on the health and wellbeing of members. In our view, early identification of suicide risk together with proactive, enhanced supports for all new members at the earliest stage of service life is the first step to building a sustainable workforce.

## 3.1 Introduction

1. This chapter considers the first stage of service life, starting with a person's decision to join the ADF through to initial training. It looks into who makes up the cohort of recruits, how they are recruited by Defence and the environment in which they are trained.
2. There is huge pressure on the ADF to increase its recruitment intake. A 2022 directive issued by the then Chief of the Defence Force on establishing a single ADF workforce system described the problem:

The ADF is experiencing severe challenges in both the recruitment and retention of personnel. It also seeks to substantially grow the Force ... Nascent and new joint capabilities – such as cyber, space and integrated air and missile defence – will require new skills ... <sup>6</sup>

3. The directive acknowledges that '[t]he ADF's human capital will never be enough for all the demands of Defence' and cautions that 'scarce and valuable human resources [must] be applied to the most critical areas'.<sup>7</sup>
4. Recruits are typically young and experiencing what may be one of the most significant changes in their lifetime. They are likely to be excited about the opportunities of service life and may still be developing strategies to cope with adversity. This chapter explores the characteristics of recruits as a group that may contribute to suicide risk.
5. Suicide risk is elevated for ex-serving members who leave the ADF during the period of initial training. The suicide rate of ex-serving males who served in the permanent forces in a junior rank for fewer than 90 days is 88% higher than that of Australian males.<sup>8</sup> Ex-serving females who served in the permanent forces in a junior rank for fewer than 90 days are 2.53 times (153%) more likely to die by suicide than Australian females.<sup>9</sup>
6. Recruitment and initial training provide a critical foundation for the whole of a member's service life. For Defence, it is the time to instil values, to build trust and foster resilience for future challenges. In this chapter, we consider Defence recruitment practices in light of what we know about the increased suicide risk of this cohort, and we look at the adequacy of support that Defence provides members during the first weeks and months of service. We also ask: what can happen during those early days in the ADF such that those who separate within the first weeks of enlistment are at significantly higher risk of suicide than an age- and sex-matched cohort of Australians?
7. We highlight a number of concerns with the system of recruitment and initial training, including that:
  - recruits do not always fully understand the reality of service life and the risks inherent to it
  - Defence has relaxed its physical fitness standards for new recruits
  - Defence does not have a good track record of identifying recruits in need of additional support



- Defence collects a lot of data about new recruits, but does not use it effectively to support member wellbeing
  - the high-pressure environment of initial training may exacerbate existing risk factors in recruits, leading to increased risk of suicide and suicidality.
8. On balance, we support the recruitment screening currently in place. However, we acknowledge that all screening is imperfect, especially if recruits do not fully disclose mental health issues or other vulnerabilities. We also acknowledge that the recruit cohort as a whole displays elevated risk, which can escalate rapidly during initial training. We therefore recommend that Defence increases support for recruits across the board.
  9. Critically, the support system should be reoriented so that barriers to help-seeking are removed and help-seeking behaviours are normalised from the very beginning of service life.

## 3.2 Recruiting ADF members

10. This section outlines the practices Defence uses to attract, assess and select candidates to join the ADF, and looks into who these new recruits are. Defence actively targets and enlists young Australians who are, by virtue of their age, at greater psychosocial risk.

### 3.2.1 Candidate cohort

11. Each year, the ADF receives thousands of applications from individuals seeking to join.<sup>10</sup> The ADF does not prescribe an 'ideal' applicant.<sup>11</sup> Instead, it aims to recruit any Australian who can progress through the recruitment process and demonstrate that they:
  - are committed to Defence values
  - are motivated to serve the nation
  - are mentally and physically healthy for deployment and employment
  - have the mental capacity to be trained
  - have the physicality to be conditioned.<sup>12</sup>
12. Although there is no ideal applicant, there are groups that are targeted for recruitment. These include Australians aged 16 to 24 and 25 to 35, women, First Nations Australians, people from culturally and linguistically diverse backgrounds, and candidates possessing skills in, or the ability to be trained further in, science, technology, engineering and maths.<sup>13</sup>
13. Defence told us that the primary target audience of Defence Force Recruiting is Australians aged 16 to 24.<sup>14</sup> By age at enlistment, approximately three in four recruits in the permanent forces were 17 to 24 years old.<sup>15</sup>

## 3.2.2 The recruitment system

14. Defence is working on an ambitious plan to expand its permanent and civilian workforce by 18,500 by 2040.<sup>16</sup> That growth includes 12,500 personnel directly allocated to the services (Navy, Army and Air Force) and groups, and a further 6,000 personnel allocated across services and groups from 2022.<sup>17</sup>
15. The then Chief of the Defence Force, General Angus Campbell AO DSC, wrote in a statement that workforce growth is evidence-based and informed by ‘analysis, modelling and experimentation of current and future capabilities, including risks and key priority areas and changes in technology’.<sup>18</sup>

**Table 3.1 Performance against recruitment targets 2019–20 to 2023–24<sup>19</sup>**

Year	Target	Achieved	Shortfall
2019–20	7,990	7,196	794
2020–21	8,059	7,056	1,003
2021–22	8,002	6,369	1,633
2022–23	8,676	6,570	2,106
2023–24	10,092	–	–

Note: These figures reflect *ab initio* targets for each service for general and officer entry across both permanent and reserve forces.

16. Recruitment targets are set for each service.<sup>20</sup> To date, Defence Force Recruiting is yet to achieve these recruitment targets. As Table 3.1 indicates, since 2019, the targets have increased and the number of new recruits has decreased.<sup>21</sup> When asked whether recruiting targets had been fully achieved in any year since 2006, Director General of Defence Force Recruiting, Brigadier Duncan Hayward CSC, told the Royal Commission:

No, it hasn't. Our full-time achievement under the [Manpower recruiting] contract that we are in, we've achieved in the mid-94, 95% range for full-time. Part-time has been less. Gap year has been close to or greater than 100%. But full target achievement has not been achieved.<sup>22</sup>

17. For the reporting period 2021 to 2022, there was a further decline in recruitment outcomes. Defence met only 79.6% of permanent and part-time targets and achieved 66.8% of the First Nations recruitment target.<sup>23</sup>
18. At the same time, the ADF is facing high separation rates, although they are stabilising. The ADF 12 month rolling separation rate as at 1 September 2023 was 10.7%.<sup>24</sup>

19. Together, recruitment and retention challenges are putting the ADF workforce under significant strain. In Chapter 6, Retention issues and voluntary separation, we explore what causes separation, and the effects of a high separation rate on the workforce.

## **The recruitment process**

20. The purpose of the ADF recruitment process is to attract, assess and select candidates. This can be a long process. From 2012–13 to 2021–22, it took an average of 236 days for a candidate to be notified of a successful outcome (excluding those entering via a specialist pathway such as the Gap Year program, Australian Defence Force Academy, Royal Military College and New Entry Officers' Course).<sup>25</sup>
21. During our inquiry, the ADF started moving towards a new recruitment model. This includes changing its external recruiting capability partner from Manpower to Adecco and introducing an Interim Service Delivery Model in July 2023.<sup>26</sup> We acknowledge that the future service delivery model will differ from the previous model.<sup>27</sup> However, as it is not expected to be implemented until December 2024, our analysis is informed by the arrangements with Manpower.<sup>28</sup> The period of transition to the new model means that Defence can address the issues we identify.

## **Initial assessment**

22. During the assessment phase, candidates complete a psychological aptitude test and medical history questionnaire via a self-service portal. Candidates then attend an online career coaching session with an ADF member.<sup>29</sup> The session aims to assess a candidate's motivations for joining the ADF and their overall suitability.<sup>30</sup>
23. During the session 'the broad expectations of Service life and conditions will be discussed with the candidate', who will further be provided with 'accurate and relevant information ... about the specific conditions of employment for their Service and role, including any alternative options available via other roles or Services'.<sup>31</sup>
24. Candidates who meet the minimum standard for their preferred job role are eligible to proceed to the next stage.<sup>32</sup>

## **Psychology interview and medical examination**

25. Candidates complete a pre-interview self-report questionnaire.<sup>33</sup> This is a behavioural checklist to assist the interviewing psychologist 'to identify symptoms and behaviours potentially indicative of possible mental health or emotional conditions'.<sup>34</sup>
26. The candidate is then interviewed by a registered psychologist online or in person.<sup>35</sup> The candidate also participates in an entry-level medical examination, which includes a full, in-person physical examination by a medical officer.<sup>36</sup>

## Defence interview

27. The assessment phase concludes with the candidate being interviewed in person by a uniformed member of the ADF.<sup>37</sup> It is a 'standardised interview' and not tailored to the candidate.<sup>38</sup>

## Final phase – letter of offer, pre-entry fitness assessment and enlistment

28. The candidate will be provided with a letter of offer, which contains details of:
- the 'service obligation debt' for their role
  - their initial minimum period of service
  - their return-of-service obligations.<sup>39</sup>
29. These items detail the amount of money the recruit would need to repay if they do not complete the period of service they commit to at this time. We discuss service obligations in Chapter 6, Retention issues and voluntary separation.
30. If the candidate accepts the letter of offer, they complete a pre-entry fitness assessment.<sup>40</sup> This entails a specified number of physical exercises, such as sit-ups and push-ups, and a cardio component.<sup>41</sup>
31. If a candidate does not meet specified entry standards, a waiver can be granted, which is a form of exemption from the standard. Waivers can be psychological, medical or non-medical.<sup>42</sup>
32. Finally, all candidates attend an enlistment or appointment day ceremony. During the ceremony, candidates submit their paperwork and acknowledge that they are committing to the initial period of minimum service and the return-of-service obligation specified in their letter of offer.<sup>43</sup>

### 3.2.3 Risk factors of candidates and new recruits

33. Defence is aware that most recruits are from an at-risk section of the general population. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, conceded that young recruits, especially those aged 17 to 24, carry higher psychosocial risk 'by virtue of their age and moving to a new organisation'.<sup>44</sup> She indicated that the dual factors of young age and participation in *ab initio* training represent a period of heightened psychosocial risk for recruits.<sup>45</sup>

## Age and mental health

34. In 2021 to 2022, 38.8% of Australians aged 16 to 24 reported experiencing a mental health disorder in the previous 12 months.<sup>46</sup> Mental health issues often emerge around the age at which young people are typically recruited to the ADF.<sup>47</sup>



35. Contemporary research indicates that cognitive development in adolescents may make them particularly susceptible to the risk factors discussed in this chapter.<sup>48</sup>
36. As noted, the principal target cohort of ADF recruitment is those aged 17 to 24. In Appendix I, Comparative rates of suicide – ex-serving ADF members, we present our analysis showing the elevated suicide risk associated with this age group and notes on interpretation.
37. We found that the suicide rate of ex-serving males who served in the permanent forces and enlisted aged 18 to 20 is 33% higher than that of Australian males. The suicide rate of ex-serving females who served in the permanent forces and enlisted aged 18 to 20 is 97% higher than that of Australian females.
38. The suicide rate of ex-serving males who served in the permanent forces and enlisted aged 21 to 24 is 48% higher than that of Australian males. The suicide rate of ex-serving females who served in the permanent forces and enlisted aged 21 to 24 is 116% higher than that of Australian females.
39. The secondary recruitment target cohort is people aged 25 to 35. According to data provided by the Australian Institute of Health and Welfare (AIHW), ex-serving males aged under 30 who served in the permanent forces are 2.1 times more likely to die by suicide than Australian males.<sup>49</sup> Ex-serving females aged under 30 who served in the permanent forces are 3.4 times (240%) more likely to die by suicide than Australian females.<sup>50</sup>
40. Again, drawing on data published by the AIHW, ex-serving males aged 17 to 24 years had 4.3 times the risk of death by suicide as those aged 45 to 80 years. Ex-serving males aged 25 to 34 years were 2.5 times as likely to die by suicide than ex-serving males aged 45 to 80 years.<sup>51</sup>

## Length of service

41. A shorter length of service is a risk factor for suicide. According to the AIHW, suicide rates for ex-serving males decreased as length of service increased. The suicide rate was lowest for males who served more than 20 years (16.2 per 100,000 population per year) and highest for those who had served for less than one year.<sup>52</sup>

## Initial training

42. Young serving members at *ab initio* training institutions have been identified as being at risk of suicide and suicidality.<sup>53</sup>
43. Our own analysis of suicide and suicidality among ex-serving members suggests that members who leave during *ab initio* training are at increased risk.

44. The suicide rate of ex-serving men who served in the permanent forces in a junior rank for fewer than 90 days is 88% higher than that of Australian men. Ex-serving women who served in the permanent forces in a junior rank for fewer than 90 days are 2.53 times (153%) more likely to die by suicide than Australian women. This period of time roughly aligns with the length of *ab initio* training.
45. Risk is not limited to *ab initio* training. On completion of *ab initio* training, members begin initial employment training with the aim of qualifying for their preferred role.<sup>54</sup> Ex-serving males who served in the permanent forces in a junior rank for between 90 days and one year (which is roughly the period of initial employment training) are 2.76 times (176%) more likely to die by suicide than Australian males.
46. Data indicates that women who leave the ADF during this period are at even greater risk. Although the sample size for this data is small, it indicates that ex-serving females who served in the permanent forces in a junior rank for between 90 days and one year are 3.34 times (234%) more likely to die by suicide than Australian females.
47. Navy reporting on health and wellbeing displays a similar pattern. Navy members in training are more at risk of self-harm and suicide behaviours than other members of the service.<sup>55</sup> A Navy report concluded:

these findings reinforce the challenges associated with adapting to the military environment for members in their earlier stages of their training and career. Conducting reviews of early attrition during training due to psychological unsuitability may continue to help to inform ADF selection processes.<sup>56</sup>

48. The report stated ‘mental health and resilience programs delivered during the training continuum remain important to maintain and enhance mental health capability’.<sup>57</sup>
49. In another brief from 2021, the Navy acknowledged:

the majority of workforce MH [mental health] risk is carried by our most junior and least experienced personnel – who are concurrently undergoing initial training programs (i.e. everything is new to them and stress is at its highest). This begs the question – are we doing enough to sensitise our new recruits to the challenges and highlight the support systems available to them?<sup>58</sup>

### 3.2.4 Prevalence of suicide and suicidality at initial training institutions

#### Incidents among recruits undertaking initial training

50. We analysed data on suicide-related incidents provided by Defence. From January 2017 to November 2022, 88 members made a non-fatal attempt at suicide or experienced a suicide-related incident within 60 days of commencing *ab initio* training.<sup>59</sup>

51. The median age of these members was 20 years.<sup>60</sup> As we are examining members who have just entered into *ab initio* training, there is an expected skew towards younger members.
52. Almost 10% of incidents occurred by day two of *ab initio* training and more than half of incidents occurred within the first 14 days.<sup>61</sup> The concentration of suicide-related incidents within the first 2 weeks of *ab initio* training could reflect either or both of the following:
- pre-existing risk factors that may or may not have been identified or appropriately mitigated during the recruitment screening process
  - experience of stressors soon after entering into *ab initio* training.<sup>62</sup>

### Incidents occurring at *ab initio* training institutions

53. Serving members at *ab initio* training institutions are over-represented in incidents of suicidality. Between 2017 and 2022, approximately 19% of non-fatal suicide attempts or suicide-related incidents in the ADF occurred at initial training establishments. Members posted to *ab initio* institutions made up 12% of members in 2022.<sup>63</sup>
54. In total, an estimated 391 non-fatal suicide attempts or suicide-related incidents took place at the ADF's seven *ab initio* training institutions between 2017 and 2022.<sup>64</sup> Of these, 214 occurred at recruit schools and 177 at officer training institutions. We note that some *ab initio* training institutions also deliver initial employment training and are unable to confirm whether any of these non-fatal attempts at suicide or suicide-related incidents involve members in initial employment training.

### Mental health and suicide risk in early service life

55. The literature suggests mental health issues can emerge in the early stages of service life.
56. An Australian study tracked the mental health of over 5,000 ADF members across the first 3 to 4 years of their career (including enlistment and initial training).<sup>65</sup> It observed similar mental health trajectories for members early in their careers and members who had deployed or who were transitioning out of service. This indicated that 'the emergence of mental health symptoms is occurring very early in the lifecycle of a military member, and in the absence of events such as deployment'.<sup>66</sup>
57. The authors concluded that:
- The emergence of symptoms of mental health problems occurs early in the military lifecycle for a significant proportion of individuals. Modifiable factors associated with wellbeing identified in this study are ideal targets for intervention, and should be embedded and consolidated throughout the military career.<sup>67</sup>

58. In the United States (US), more suicide attempts occur during training than during war.<sup>68</sup> In the 180 days following their medical evaluation for military service, around 9% of service members will receive a mental health diagnosis that was not identified or disclosed during the screening process.<sup>69</sup> Research focusing on the US Army found that suicide risk among never-deployed soldiers was highest in their second month of service, which encompasses basic training and Army acculturation.<sup>70</sup>
59. As the researchers stated, this ‘reinforces the importance of developing and evaluating effective risk detection and intervention strategies early in a soldier’s career’.<sup>71</sup>
60. In the United Kingdom, one study observed that early service leavers, including those who did not complete basic training, were at higher risk of suicide and suicidality.<sup>72</sup>
61. Another study found ‘considerable overlap’ between risk factors, including ‘younger age at discharge, short length of service, and being untrained’.<sup>73</sup> The authors concluded that ‘young people who serve for only a short length of time represent a particularly vulnerable group’.<sup>74</sup> This may be because these members were ‘more prone to pre-service vulnerabilities rather than in-service or post-discharge exposures that affected their ability to function for a longer period in the UKAF [United Kingdom Armed Forces]’.<sup>75</sup>
62. The literature suggests that stressors are present early in recruit training, and this is supported by the evidence we heard from expert witnesses. Director of the Tactical Research Unit at Bond University, Professor Rob Orr, told us that initial training is a period of transformation during which recruits leave behind their civilian life to become a member of the armed forces.<sup>76</sup>
63. Psychiatrist Dr Andrew Khoo said that ADF training takes an individual and turns them into a warrior.<sup>77</sup> He told us that recruits learn ‘to work, live, eat and sleep in groups’ and perform tasks instinctively.<sup>78</sup> They are taught to ‘run towards a threat’ and to separate emotion from thought.<sup>79</sup>
64. At enlistment, most candidates ‘immediately travel to [their] training institution’.<sup>80</sup> We know that training is physically, emotionally and mentally arduous. As we have already stated, most recruits are young. It is often their first time living away from home.<sup>81</sup>



### 3.3 What are the effects of new recruitment protocols?

65. The 2023 *Defence Strategic Review* identified recruitment and retention as one of its six key priorities.<sup>82</sup> It signalled ‘fundamental changes to Defence recruitment and workforce management’ and recommended developing options ‘to change the policy and risk settings to improve the achievement of recruitment targets by 2024’.<sup>83</sup> The review stated that:

Without creative and flexible responses, the workforce situation in Defence will continue to deteriorate. Policy, process, risk appetite and approaches to recruitment must change to increase the speed of recruitment from application to enlistment and recruitment. Recruitment time must be achieved in days, not months.<sup>84</sup>

66. In 2022, then Chief of the Defence Force, General Angus Campbell, had already written in a statement that in light of ‘economic circumstances and the low unemployment rate, the ADF’s risk appetite in recruiting has increased’.<sup>85</sup>
67. General Campbell also told us that the range of roles recruited for by the ADF is changing. He said:

The range of roles and therefore entry standards, such as the fitness requirements, are changing in Defence. An example is the highly technical and non-deployed related workgroups which will clearly require a different type of candidate to the more traditional combat roles. Where appropriate, the entry standards will be reviewed and amended to reflect the new roles. This will assist in recruiting the required personnel in an increasingly competitive labour market.<sup>86</sup>

68. Changes to Defence recruitment practices based on an ‘increased risk appetite’ have been under way for some time. In 2016, for example, the ADF shifted from an exclusionary to an inclusionary approach to recruitment in response to recruitment shortfalls.<sup>87</sup> An inclusionary approach asks, ‘how do I recruit someone in rather than just screen them out?’<sup>88</sup>

#### 3.3.1 What does ‘increasing the risk appetite’ really mean?

69. In general terms, ‘risk appetite’ is the amount of risk an organisation is willing to assume to realise its objectives. Increasing the recruitment risk appetite is not necessarily problematic, if the risk is effectively managed. What precisely those risks are, how they are to be identified, who bears the risks and how they can be mitigated, however, are questions that should not be taken lightly.

70. According to Defence, ‘there is no common Defence/ADF definition for “risk appetite” for the purposes of recruitment.’<sup>89</sup> This is assessed by the ‘appropriate service delegate on a case-by-case basis, based on subject matter expert advice’.<sup>90</sup> In the current recruitment environment, Defence told us that the three services are prepared to explore and take more considered risk in selecting candidates.<sup>91</sup>
71. By implication, this includes risks to operational capability and risks to the health and wellbeing of the members who are permitted to enlist under the new protocols. To implement the Defence Strategic Review recommendations, Defence told us it would:
- develop options that ensure ADF recruitment processes do not unnecessarily exclude candidates based on a ‘one size fits all’ approach. To do this, the aim is to ensure that ADF recruitment standards reflect contemporary employment and occupational requirements without increasing the risk to the individual (or the capability). An adjustment of risk settings will be applied as necessary to organisational practices (i.e. training programs) to cater for individuals with different skills and capabilities.<sup>92</sup>
72. We considered what recent changes have been made to recruitment entry standards. We heard evidence that the ADF is relaxing physical fitness cut-off standards for entry in many instances and expanding the use of medical waivers, which we outline below.
73. In addition to amending physical fitness standards, the ADF is removing barriers to entry for candidates with specified conditions, including some dermatological conditions, asthma, viral hepatitis, glasses and braces, to better reflect contemporary therapies.<sup>93</sup> The Chief of Army, Lieutenant General Simon Stuart AO DSC, also spoke in support of removing barriers for young people who have sought mental health support, who would previously have been excluded from service as a result of this.<sup>94</sup>
74. At the same time, the ADF is working to speed up the recruitment process.<sup>95</sup> The *Defence Strategic Review* identified the slow recruitment process as a barrier to achieving workforce targets.<sup>96</sup> Under a new recruitment contract, the aim is to take a candidate from application to letter of offer within 100 days or fewer.<sup>97</sup>

## Relaxing physical fitness standards

75. Pre-entry fitness assessment requirements are set by service chiefs and designed to ‘ensure candidates have the minimum level of fitness required to train safely and effectively’.<sup>98</sup> As we have mentioned, the ADF is relaxing the standards of physical fitness as one way of expanding the pool of possible recruits.
76. Research suggests, however, that there is a direct relationship between fitness standards and the health and wellbeing of recruits: people with lower aerobic fitness are at greater risk of injury.

77. Professor of Physiotherapy Rodney Pope, from Charles Sturt University, told us about his research into predicting and preventing injury in male Army recruits and how his research contributed to fitness standards.<sup>99</sup> Professor Pope told us that ‘aerobic fitness was quite a strong predictor of injury risk, and [is] particularly important for those at the lower end of fitness levels’.<sup>100</sup>
78. He said recruits with very low fitness levels had about a 30% risk of being discharged during training and a 50% chance of injury.<sup>101</sup> If they were injured, Professor Pope said, their risk of being discharged was 10 times greater ‘if they were at those very low fitness levels’.<sup>102</sup>
79. Professor Pope made a strong case that maintaining high fitness standards (‘barrier testing’) protects candidates from harm. He said that implementing barrier testing:
- meant that we actually protected those people from that very catastrophic situation of coming in, knowing that they had only a 70% chance of success of getting through the program if they didn’t get injured, but they had a 50% chance of being injured, which would then increase their risk of being discharged tenfold.<sup>103</sup>
80. A 2020 study commissioned by the Defence Science and Technology Group on behalf of the Army found that:
- Levels of aerobic fitness and upper body muscular endurance at the time of recruitment should be optimized to mitigate injury risk, which suggests that pre-conditioning programs may play a role.<sup>104</sup>
81. Without adequate support from the point of enlistment, increasing recruitment risk settings effectively transfers risk from recruitment to training. We consider this in section 3.6. Director General of Defence Force Recruiting, Brigadier Duncan Hayward CSC, acknowledged that injury during training could occur, but claimed that shifting the assessment of physical fitness from recruitment to the training sphere gave people the ‘potentiality ... to increase [their] skills needed to meet the standards’.<sup>105</sup>
82. While this may be true for some people, the evidence we have heard suggests that reducing physical fitness standards effectively transfers the risk onto members whose low levels of aerobic fitness significantly increase their susceptibility to injury and early separation. These are both risk factors for suicide and suicidality.
83. Further to this, Commanding Officer of the 1st Recruit Training Battalion, Kapooka, Colonel Andrew Deacon gave evidence that recruits who enter under the reduced pre-entry fitness assessment standards used physiotherapy more frequently than other recruits.<sup>106</sup>
84. This is consistent with the evaluation of an Indexed Entry Standards Trial conducted by the Army in 2021 and 2022 to assess whether changed entry standards improved recruitment flows without negative impacts on individuals and on Army capability.<sup>107</sup> The evaluation noted that members who entered service under the reduced pre-entry

fitness assessment standards were 35% more likely than non-combat standard entry recruits to access physiotherapy, and 85% more likely to have accessed mental health support since enlistment.<sup>108</sup>

85. It is not difficult to imagine why recruits who enter under reduced pre-entry fitness assessment standards might access more physiotherapy, but why they would be 85% more likely to access mental health support is not readily apparent. This is an extremely concerning statistic and warrants further investigation.
86. The Prospective Physical Performance and Resilience study, which supported the evaluation of the Indexed Entry Standards Trial, found that 'lower cardiorespiratory fitness and lower muscular strength are associated with negative training outcomes in recruits' and observed:

The Army Recruit Course (ARC) that was evaluated does not accommodate the training stimulus requirements for the increasingly diverse recruit population. Specifically, many recruits either plateau or decrease in fitness during recruit training.<sup>109</sup>

87. The study also found that recruits entering the Army under the Indexed Entry Standards Trial represent a greater burden on initial employment training, which follows *ab initio* training. It also found that recruits entering under the trial 'may be at a greater risk of negative training outcomes', such as injury or delayed progression.<sup>110</sup>
88. Colonel Deacon told us that he has observed no greater incidence of injury among members who entered under reduced fitness standards or members who came in under higher standards.<sup>111</sup> However, he said he drew this conclusion after reviewing data recorded in the Sentinel database, which Defence has admitted is not an appropriate data source for monitoring training injuries (see Chapter 15, Promoting health and wellbeing among ADF members).<sup>112</sup> Professor Rodney Pope also confirmed that the incidents recorded in Sentinel are 'a vast underrepresentation of the injuries that [are] actually occurring in Defence'.<sup>113</sup>
89. Evidence we have heard accords with the conclusion that reducing physical fitness standards for entry *does* present risks to the physical and mental health of recruits who enter under reduced pre-entry fitness assessment standards.
90. We are also concerned by attempts to reduce the length of initial training. Dr Stephan Rudzki, a sports physician at Canberra Sports Medicine who previously served as a doctor in the Army, told us that when training is of short duration and high intensity, it entails greater risk of injury.<sup>114</sup> He stated, in stark terms, that 'if they slam 12 weeks' worth of training into 6 or 8 weeks, we've gained nothing'.<sup>115</sup>
91. Professor Rob Orr described a study he did in collaboration with the Defence Science and Technology Group and the United States Army Research Institute for Environmental Medicine. The study drew on more than 22,000 recruit datasets and compared injury rates of recruits enrolled in a 28-day course and those on an



80-day full-time course. It found that the shorter training course resulted in a rate of 2.29 injuries per person per year, compared with 1.56 injuries per person per year under the longer training course.<sup>116</sup>

92. All of this suggests there is a need for more monitoring and evaluation to track outcomes for the cohort of recruits who enter under reduced fitness standards, with a direct feedback loop into recruitment risk settings. The discussion about injury risk is not an abstract one. Early departure is not just an inconvenience for Defence, it can be catastrophic for a recruit. As we establish in section 3.2.3, when a recruit leaves the ADF so early in their career due to injury, they are at greater risk of suicide, whether they leave voluntarily or involuntarily by medical separation.

## Increased use of medical waivers

93. Separate from their physical fitness, if a candidate fails to meet entry-level medical standards, the Chief Medical Officer or the service may issue a medical waiver.<sup>117</sup> A medical waiver can relate to the candidate's physical or mental health.<sup>118</sup> Defence considers that the granting of a waiver allows 'exceptions to be made to standards, [and provides] the opportunity to seek further expertise/advice'.<sup>119</sup>
94. Since 2016, Defence has significantly increased its use of waivers. Medical waivers increased by 34% between 2016–17 and 2021–22.<sup>120</sup>
95. Over the same period, the number of specific mental-health medical waivers more than doubled, from 150 in 2016–17 to 365 in 2021–22.<sup>121</sup>
96. Defence generally does not track the performance and wellbeing of medical waiver recipients; therefore, we cannot know whether outcomes for recruits who enter the ADF under a waiver are different from those who do not.<sup>122</sup> Although the Army is starting to transfer general information on waiver recipients (see section 3.7.2), Defence simply does not know whether there are any trends between 'the granting a waiver and length of service, transition issues or suicidality'.<sup>123</sup>
97. Candidates who receive a medical waiver that allows them to join the ADF, by definition have one or more characteristics – be it a physical medical condition, a background that may include adverse childhood experiences, or a history of mental ill-health or suicidality – that put them in a higher risk category for physical and/or mental ill-health. The fact that Defence does not monitor the progress of these recruits is frankly unacceptable.
98. We are concerned that reducing entry standards and granting a high number of medical waivers have the potential to increase the number of separations from the ADF, particularly involuntary separations, and increase the risk of suicide and suicidality for this cohort.

99. Individuals who are the least physically fit are at the highest risk of injury, which can lead to involuntary medical separation. Similarly, candidates permitted to enlist under a medical mental health waiver may need additional support. As we discuss in section 3.3.2, medical separation is a known risk factor for suicide and suicidality.

### 3.3.2 Risk of medical separation

100. Reduced physical fitness standards are likely to contribute to more people separating involuntarily from the ADF on medical grounds, due to their increased risk of injury during training.<sup>124</sup> This is a concern because shorter length of service and involuntary separation for medical reasons are both associated with increased suicide risk.
101. The relationship between medical discharge and suicide is well established. Female ex-serving members who served in the permanent forces and were discharged for medical reasons are nearly five times more likely to die by suicide than Australian females, while ex-serving males who separated for medical reasons are almost three times more likely to die by suicide than Australian males.<sup>125</sup>
102. Medical separations increased by 52% from 2016–17 to 2022–23.<sup>126</sup> We explore the growth in medical separations and potential drivers of this trend in Chapter 5, The military employment classification system and medical separation.
103. Evidence indicates that lowering fitness standards leads to increased separations. As at July 2023, 3,836 combat and non-combat members had joined the Army since the beginning of the Army's Indexed Entry Standards Trial, and 3,783 of them were reported on as part of the trial – of whom 932 entered under the reduced entry standard.<sup>127</sup>
104. The separation rate for the group who entered under reduced fitness standards was 29% higher than standard entry non-combat corps members (12.49% compared with 16.09%).<sup>128</sup> Of those separations, 23.33% (nearly one in four) occurred within 90 days of enlistment.<sup>129</sup> The separations included voluntary and involuntary departures, with 4% deemed 'retention not in service interest' and 3.33% found to be medically unfit for service.<sup>130</sup>
105. There are some indications of a nexus between health issues and voluntary separations. The Australian Government agrees a portion of 'voluntary' discharges are in response to health and fitness issues.<sup>131</sup> A senior clinician employed by Bupa for Defence and a former Army medical officer, Dr Robert Worswick, told us that trainees with pre-existing medical conditions or service-related injuries may separate voluntarily despite having injuries consistent with medical separation. Dr Worswick described how this might occur:

Many of these recruits [who separated voluntarily despite having an illness or injury consistent with medical separation] typically were recruits who had come to Kapooka, had been injured in training, and after they'd been injured, they had decided that they didn't want to be there anymore. So, a lot of them were managed as a discharge at own request. But the discharge at own request didn't

reflect the fact that ... the MEC [Military Employment Classification] that was assigned to them on their separation from the Defence Force was MEC J31, that they were medically, physically or psychologically not at a deployable standard, and they were separated with that MEC.<sup>132</sup>

106. Defence considered the Indexed Entry Standards Trial a success and in May 2023 it was endorsed by the Army People Capability Steering Group for 'transition to business usual'.<sup>133</sup>
107. The Air Force conducted a similar trial from September 2021 to June 2023 'where the [pre-entry fitness assessment] standards were changed to make it easier for more candidates to pass'.<sup>134</sup> A decision brief provided to the Director General, Personnel in the Air Force observed on the subject of changes to the pre-entry fitness assessment that:

Notwithstanding the positive recruitment results, the research study into the trial suggested there was a relationship between lower PFA [pre-entry fitness assessment] scores on entry and a higher incidence of re-coursing or separation for trainees.<sup>135</sup>

108. Again, Defence considered the trial to have been a success without providing any information on outcomes for members who had entered under the lower fitness standards, including whether they separated at a higher rate. Defence told us:

Air Force observed that the trial PFA [pre-entry fitness assessment] standard positively supported recruitment target achievement and has maintained the trial standard post the trial period. Air Force is in the process of incorporating the trial standard into formal policy, and this will replace the extant PFA standard for both general entry and officer candidates.<sup>136</sup>

109. The Navy is also trialling removal of the pre-entry fitness assessment for Navy candidates.<sup>137</sup>
110. The Chief of Army, Lieutenant General Simon Stuart AO DSC, suggested that training itself was a key strategy to mitigate the risks associated with reduced entry standards.<sup>138</sup> Recruits with lower physical fitness at entry could build conditioning during a period of well-designed training that is conducted at the right pace, and gradually reduce their injury risk associated with low fitness. Yet we also heard that the Army is separately trialling a shortened Army Recruit Course to move recruits more quickly into deployable roles.<sup>139</sup> It is not clear how this model will be applied to recruits who enter under reduced physical fitness entry standards or medical waivers.
111. It is critical that the impact of these changes on members be monitored over time using a broad range of wellbeing metrics that go beyond the number of medical appointments a member may attend and whether they are still serving.

## 3.4 Preparing candidates for the reality of service life

112. In this section, we consider the ways in which Defence informs candidates of the risks and realities of service life. Having clear expectations and access to accurate information is critical to making an informed decision about joining the ADF. A recruit who finds that their expectations do not match their experience may choose to leave early. Those with a shorter length of service are at a greater risk than those with a longer length of service and people within this cohort require additional support.
113. Any misalignment between the expectations of recruits and the realities of service may be seen in a feeling of ‘increasing dissonance’, the volume of separations, and the reasons given for separating within a year of enlistment.<sup>140</sup> We discuss the drivers of voluntary separation in detail in Chapter 6, Retention issues and voluntary separation.
114. There is some evidence that poor understanding of the risks and realities of service may contribute to early separations.<sup>141</sup> In 2021 and 2022, many secondary reasons for voluntary separation across several *ab initio* training institutions were listed as:
- not feeling prepared for service life
  - mental health concerns
  - concerns with the military lifestyle
  - an inability to cope with the stressors of training
  - family-related issues.<sup>142</sup>
115. This is consistent with the reflections of the Commanding Officer of the Royal Australian Navy Recruit School, HMAS *Cerberus*, Commander Alisha Withers, who told us:
- We’re seeing recruits, some of them feeling like they’ve been rushed through the recruiting process, so they are not mentally or emotionally prepared when they come through the door and that inhibits their ability to sort of settle into the program.<sup>143</sup>
116. We wonder whether the feeling of being rushed could become more widespread as Defence works towards its stated wish to reduce recruitment time to 100 days.
117. We accept that it is unlikely candidates will fully understand the reality of service life before they begin service. Nonetheless, providing the opportunity for recruits to reach out for unfiltered information should be a key element of a proactive model of care.
118. Throughout the recruitment process, Defence uses a range of measures to inform candidates about the risks and realities of service life. These include the Defence interview, the career coach interview, and medical and psychological assessments. Candidates can also ask questions of the external recruiter, Adecco, and access publicly available information, including the ‘Important Information for All Candidates’ document.<sup>144</sup>

119. In addition to this, we understand that a new ‘candidate care’ approach will link candidates to a primary point of contact from external recruiter Adecco and an ADF member ‘who most closely matches their first preference of service and employment role/group’.<sup>145</sup> These contacts will be:
- responsible for the timely passage of their candidates through the recruiting pipeline, and are the sources of information on the recruiting process, the candidate’s preferred employment role, and Service life and conditions.<sup>146</sup>
120. The main purpose of these various avenues, however, is to assess potential candidates and meet the needs of Defence to deploy its available resources to maximum effect. These settings are unlikely to provide a safe space where candidates can understand how service life may affect their health and wellbeing, without putting their employment prospects at risk.
121. During the enlistment process, candidates are required to put their initials to 16 statements in Form AD304 *Acknowledgement of Requirements of Service in the Royal Australian Navy, Australian Army or Royal Australian Air Force*. One of these is a statement that the candidate understands their service obligations. Service obligations are explored further in Chapter 6, Retention issues and voluntary separation.
122. The Defence interview and the psychology assessment are key forums for exploring whether candidates understand how the risks connected to service life might impact their health and wellbeing.
123. However, Defence told us that ‘there are no standardised objective assessments or tests to determine [whether] someone has a full comprehension of the “Important Requirements of ADF Service”’.<sup>147</sup>
124. We understand Defence is currently implementing several improvements in this area. Defence Force Recruiting is standardising career coaching interviews and Defence interviews to ensure that interview discussion points are consistent.<sup>148</sup> A directive was recently issued to military recruiters advising them ‘to proactively inform candidates of the support services available to both members and families’ and to ensure copies of the Defence Member and Family Information Guide are available.<sup>149</sup> We welcome these changes.

### 3.4.1 Understanding the realities of service

125. We recognise the ADF’s need to fill vacancies. We also appreciate that the ADF requires members to provide unrestricted service and often to work ‘long hours, shift work, irregular hours or a combination of these’.<sup>150</sup> However, we are concerned that the realities of a career in service are not always understood by candidates, and indeed not always fully communicated to them as thoroughly as desirable prior to their enlistment.

126. In submissions, members described promises made during the recruitment process that never came to fruition. One individual who enlisted into the Army at 17 years of age wrote:

I enlisted as an ASLAV [Australian Light Armoured Vehicle] driver and was excited to do so. After completing initial training and being sent for corps training, I was told I was now to be a MBT [main battle tank] driver and not what I had enlisted for. I attempted to change and question this to no avail.<sup>151</sup>

127. Other submission authors said similar things. One wrote:

Not knowing anything about the Military – I approached a Corporal recruitment officer ... I was told in no uncertain terms that due to my already held Fitter/Turner induction, I would be Corp Enlisted into the Army without issue, and after the compulsory training at Kapooka for three months, I will be posted to a Barracks of my choice as a Corporal in the workshops. Obviously, this was completely inaccurate and merely a marketing ploy for me to sign up.<sup>152</sup>

128. One person's submission described being 'lied to' throughout the initial stages of service life:

When I joined the Navy, I was repeatedly lied to throughout the enrolment process, lied to throughout the recruitment training and lied to through initial career training.<sup>153</sup>

129. Other submissions highlighted how false information and broken promises can do lasting damage to serving members who feel they have been sold a lie:

When I applied to join the Navy, I wanted it to be my lifelong career and I wanted to join as a medic but recruiting said they had no openings for medics at that point in time. I was told by recruiting that if I joined as a steward, I could then request to change over to medic after recruit school had finished and I would do general duties until the next medic's course started ... once I spoke to them they advised me that if I wanted to be a medic, I would need to discharge and apply again. Obviously, this was very disheartening and was the beginning of a downhill slope.<sup>154</sup>

130. Recruits also may not fully understand how service life could affect their family in the future. Given that the primary age of applicants is 17 to 24, what 'family' means to applicants is likely to change.<sup>155</sup> So too will the likely impact of service life on a member's family.



131. Professor Sharon Lawn and Dr Elaine Waddell from the College of Medicine and Public Health, Flinders University, explained that families were often not prepared for the fundamental change in character that Defence service necessitated.<sup>156</sup> Professor Lawn said becoming a member of the military:

is a very different role ... Clearly, it's going to shape different attitudes and views about the person; the requirements of the role can be very different and families, we discovered, they're not prepared for how that's going to shape and change the person, perhaps.<sup>157</sup>

132. Professor Lawn and Dr Waddell believed that early education and clearer information from Defence would help families to understand the potential impacts of service on the member and on themselves as their family.<sup>158</sup>

133. The Head of Military Personnel, Major General Wade Stothart DSC AM CSC, similarly spoke about the importance of education to help families understand the challenges involved in service life.<sup>159</sup> He said:

Effort ... should be placed and is placed on education and prevention to prepare for and to overcome those periods of disadvantage as successfully as possible.<sup>160</sup>

134. To our knowledge, the risk of suicidality to serving and ex-serving members and the importance of strong relationships and social support as protective factors against suicidality are not broached as part of the recruitment process. In our view, recruitment is an opportunity for Defence to acknowledge the importance of families, and build the member's understanding of the importance of positive relationships. It is a time when prospective members' families need to be informed about service life.

135. Not only is this opportunity not yet realised by Defence, but a submission by the inaugural Defence Family Advocate, Ms Sandi Laaksonen-Sherrin, suggested that Defence recruitment advertisements were misleading and created false expectations about Defence life for both members and their families. She said:

Many Defence Force recruitment advertisements across mass media paint a picture of Defence life as providing fun, adventure, great work-life balance and free education. I believe these advertisements are misleading and mismanage expectations of not only prospective ADF members, but also of their families.<sup>161</sup>

### 3.4.2 Ensuring candidates understand the risks of service life

136. At no stage in the recruitment process does Defence provide candidates with information on the risk of suicidality associated with service life. The medical examination, psychological interview and Defence interview do not alert candidates that serving and ex-serving members face a higher risk of suicidality.<sup>162</sup>

137. Chief Psychology Officer of Defence Force Recruiting, Ms Lynette Tyrrell, reflected on what is discussed with candidates during recruitment:

I don't believe we would let candidates know about the heightened risk of suicide once they leave. We do ask them questions, direct questions around what they think it might be like to be in the military, including using weapons, killing somebody else, potentially being killed themselves. So, we are more exploratory around the realities of service life, more so than projecting down the track of what it might be like when they leave and those heightened risks.<sup>163</sup>

138. Ms Tyrrell's response implies that suicide risk applies once members leave service. Yet, in Chapter 1, Understanding suicide, we establish that service is not a protective factor. Using age- and employment-adjusted suicide rates for the period from 2011 to 2020, our analysis found that men serving in the permanent forces were 30% more likely to die by suicide than employed Australian men.
139. Defence told us that it is also open to candidates to seek advice in relation to the risks and realities of service life – for example, from their ADF career coach or via an information session – saying there are 'no restrictions on whom a candidate can seek advice from'.<sup>164</sup>
140. However, relying on the candidate to seek advice about the risks and realities of service life is insufficient. This is particularly so since the person to whom a candidate might direct such a question may have a role in determining whether they are permitted to enlist.
141. To make an informed decision about joining the ADF, candidates should be clearly and honestly informed about the psychological risks of service, the risk of physical injury and experiences of unacceptable behaviour associated with service life. We do not wish to normalise these experiences by suggesting it is simply to be expected. Instead, we encourage Defence to provide information to candidates on what it is doing to address these known problems and the importance of speaking up and seeking help when needed.

### 3.5 Limitations of screening

142. Defence undertakes extensive screening of candidates as part of the recruitment process (outlined in section 3.2.2). Insights into an individual's vulnerability to suicidality can be provided by the current medical screening, psychological screening, physical fitness assessment, as well as the activities that inform candidates about service life, in particular the session with the career coach, the Defence interview and enlistment day.
143. We recognise that using screening assessments to identify possible future risks of suicidality is 'plagued by multiple complexities'.<sup>165</sup> This includes the risk of screening out individuals who may never become suicidal.

144. As then Chief of the Defence Force, General Angus Campbell, commented in June 2022:

The selection process is as fallible as all other human endeavours ... some people do brilliantly, unexpectedly, and others the reverse.<sup>166</sup>

145. We also recognise that there is 'no evidence to suggest that we can reliably predict at recruitment who will go on to have problems with suicidality or mental health in the future'.<sup>167</sup>
146. However, there is scope for Defence to improve its approach to screening from enlistment to help set members up for success at the start of their service life.

### 3.5.1 Mental health screening

147. Mental health screening is one way the ADF seeks to identify individuals at risk of suicide and suicidality. According to the *Defence Mental Health and Wellbeing Action Plan 2018–2023*, 'the primary advantage of mental health screening is to facilitate early intervention for treatment of mental health problems and disorders before they become entrenched and cause broader psychological problems'.<sup>168</sup> Mental health screening can also:

improve ADF members' awareness of their own wellbeing and that of their colleagues; reduce stigma by making enquiry into mental health part of the norm, and ... facilitate pathways to care.<sup>169</sup>

148. In this section, we assess the current approach to screening for mental health issues from recruitment through to the early stages of service life. In Chapter 15, Promoting health and wellbeing among ADF members, we discuss the ADF's mental health screening continuum more broadly. In Chapter 15, we point out that elevated suicide and suicidality risk can occur in members who have never deployed and recommend the ADF ensure access to screening, and the offer of referral for further support, at all known points of vulnerability, starting with *ab initio* training.

### Mental health screening is not conducted during recruitment

149. During the recruitment process, Defence 'does not mandate the use of any formal, objective mental health screening tools, personality tests, or the like'.<sup>170</sup> Defence confirmed the self-report questionnaire used during recruitment is 'not a mental health screening tool per se'. Rather, it is a behavioural, self-reported checklist.<sup>171</sup> Similarly, the psychology interview does not include a formal mental health screening tool.<sup>172</sup>
150. While there are elements of mental health screening in the medical and psychology screening that are part of recruitment, the role of the recruitment psychologist is to perform a functional assessment to determine the candidate's suitability for training and military life.<sup>173</sup> A functional assessment is not a clinical diagnostic tool.<sup>174</sup>

151. The interviewing psychologist applies a risk identification and management approach to determine whether a candidate is able to cope psychologically with the stressors associated with military service, and whether their values align with ADF values.<sup>175</sup> The factors considered include:
- (a) the conditions under which the individual is likely to need to function, both on operations and in a Garrison situation;
  - (b) any situational or environmental ‘triggers’ the individual is likely to encounter that might exacerbate or ‘bring on’ their condition;
  - (c) the availability of any support mechanisms the individual might require (for example, medication, psychological support); and
  - (d) the risks associated with exposing the individual to those stressors/conditions (that is, risks to the individual, their peers/colleagues/family members, and to ADF operations).<sup>176</sup>
152. The benchmark set by Defence to estimate risk associated with military integration and training is that:
- (a) the applicant is likely to cope with the unique stresses of the military environment (not[ing] the professional duty of care component implicit in this decision);
  - (b) both during and after training, the applicant’s values, standards, expectations and work ethic will prove consistent with those of the ADF; and
  - (c) the applicant is both capable of performing, and willing to perform, effectively both in training and on the job (including the combat role).<sup>177</sup>
153. To assist with the interview, psychologists are provided with guidelines on a range of issues, including suicide,<sup>178</sup> suicidality,<sup>179</sup> depression,<sup>180</sup> addictive behaviours,<sup>181</sup> stress/pressure and coping strategies<sup>182</sup> and adverse childhood experiences.<sup>183</sup>
154. The interviewing psychologist assigns a risk rating to each candidate.<sup>184</sup> However, the risk rating is not a determining factor of whether an offer will be made to the candidate.
155. Indeed, evidence obtained by the Royal Commission indicates that a significant number of individuals who received a rating of ‘not recommended’ and ‘not suitable on psychological grounds’ have gone on to enlist. From 2001 to 2024, 13,113 members assessed as ‘not recommended’ went on to enlist (10.3% of the total enlisted).<sup>185</sup> Over the same period, 1,059 members assessed as ‘not suitable on psychological grounds’ went on to enlist (0.8% of the total enlisted).<sup>186</sup>
156. ‘Not suitable’ refers to a candidate’s ‘psychological and occupational suitability for military integration, adjustment and/or training at the time of interview’ and it may not be associated with mental health issues.<sup>187</sup> For example, it could be assigned to a candidate with ‘severe dyslexia’, or a candidate with a ‘long history of non-compliance/anti-authoritarianism’.<sup>188</sup>

157. Candidates assessed as not suitable on psychological grounds are unable to enlist for a period determined by the psychologist (typically between six and 36 months). This allows time for candidates to resolve the issues identified.<sup>189</sup> Some individuals may apply multiple times before being accepted.<sup>190</sup>
158. When we investigated further, we found that around one in five of the 168 suspected or confirmed deaths by suicide of serving members between January 2000 and January 2024 had received a rating of ‘marginal’, ‘not recommended’ or ‘not suitable’ during recruitment – according to data from the Defence Suicide Database.<sup>191</sup>
159. The category ‘not recommended’ means that a candidate was ‘assessed as a moderate risk for military adjustment and successful completion of training by a psychologist’.<sup>192</sup> Despite this ‘moderate risk’, Defence told us that ‘there has been no analysis or reviews undertaken with regards to the variable ‘Recruitment Psychologist Rating of Marginal Not Recommended’.<sup>193</sup> Similarly, Defence confirmed ‘there has been no suicide prevention efforts or changes to policy or practices’ based on such analysis or reviews.<sup>194</sup>
160. Regardless of the rating a candidate receives, Defence has stated explicitly that they ‘should not require any additional supports’.<sup>195</sup> Indeed, Defence elaborated:
- When an applicant is deemed suitable for enlistment by the single Service delegate, they have met the minimum entry standards for that Service. This means that they should not require any additional supports. Every person enlisted or appointed into the ADF has been deemed to have met the requisite standard for enlistment and has access to the same level of support as any other organisational newcomer.<sup>196</sup>
161. Even after our final hearing block, Defence insisted:
- There is no active handover or measures put in place for candidates who represent an elevated risk but still meet the minimum standards for service. At-risk candidates who do not meet minimum standards are not enlisted into the ADF.<sup>197</sup>
162. This raises serious questions about whether the current approach effectively identifies individuals unsuited to service life, as well as individuals who could thrive with the right mental health support. The National Mental Health Commission made similar observations in its 2017 *Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families*.<sup>198</sup>
163. We agree that a selection interview ‘is not the appropriate forum for conducting an in-depth clinical diagnostic assessment’.<sup>199</sup> However, given the level of risk associated with the recruit cohort, we are of the view that Defence should have a comprehensive psychological profile of its members – or at a minimum, baseline data – early in service life.

164. This would not only provide Defence with a baseline reference point against which data from later screens could be compared, it would also help to identify individuals who require assistance during recruit training. This is particularly critical given that we know *ab initio* training is a high-risk setting (see section 3.6).

## **There is a gap before new recruits encounter their first universal mental health screen**

165. Defence told us that they perform no mandatory, universal psychological or mental health screening of new recruits after enlistment.<sup>200</sup> Instead, as a member proceeds through service life they will eventually undergo a periodic mental health screen.

166. Implemented in 2019, periodic mental health screens require members to complete three different screening tools electronically (see Chapter 15, Promoting health and wellbeing among ADF members).<sup>201</sup> Periodic mental health screens are designed to ensure:

that Defence members who have not received a mental health screen, triggered by other activities in the previous 12 months, are provided with an opportunity to receive a risk-indicated mental health screen.<sup>202</sup>

167. A periodic mental health screen is triggered when a member attends a medical appointment and has not been screened for mental health risks in the preceding 12 months.<sup>203</sup> Without such a triggering activity, ‘there is no definitive rule that specifies when a member will receive their first mental health screen’.<sup>204</sup> Outside periodic mental health screens, members generally undergo mental health screening as part of their routine medical review every two to three years.<sup>205</sup>

168. If a mental health screen is not conducted early in a member’s service life, it is harder to monitor the trajectory of their health and wellbeing over time, as there is no baseline data. Emeritus Professor of Psychiatry at the University of Adelaide, Professor Alexander (Sandy) McFarlane, told us:

One of the things that’s critical with screening [is] that it’s done longitudinally ... it’s actually having a much more informed analysis of people’s longitudinal trajectories, I think, is what screening programs often miss.<sup>206</sup>

169. Similar concerns have been raised in the United States, where around 9% of military members receive a mental health diagnosis, which was not identified or disclosed during the screening process, in the first 180 days of service following accession. ‘Accession’ refers to entry into military service following basic training.<sup>207</sup>

170. The United States has seen an increase in the proportion of individuals entering military service with psychiatric disorders, which increases their risk of suicidal behaviours over time.<sup>208</sup> Of the 50,765 military personnel studied as part of the Army Study to Assess Risk and Resilience in members, 77% of those with a mental illness reported that it commenced before enlisting.<sup>209</sup>



171. The Defense Health Board noted that the United States Department of Defense ‘could benefit from improving the screening for, and identification of, pre-existing mental health conditions in recruits and early-career Service members’. The Board stated:

This could reduce the significant number who separate early and provide an opportunity to support Service members who could have successful military careers if offered early intervention. This also recognizes that disclosure-based screening of mental and behavioral health conditions, by itself, is an imperfect tool.<sup>210</sup>

### 3.5.2 Understanding barriers to disclosure

172. Pre-service screening regimes rely on full disclosure from candidates. It is well known that there are significant barriers associated with military culture and power structures that influence people’s decisions as to whether to disclose issues, injuries, concerns and vulnerabilities.

173. As Professor Ben Wadham and colleagues wrote in the report we commissioned, *Mapping Service and Transition to Self-Harm and Suicidality*:

The key barriers to seeking mental health support were organisational stigma associated with mental health conditions, being viewed as weak by self or others, potential career impacts, and lack of self-recognition of the impact of trauma on mental health.<sup>211</sup>

174. While some of what Professor Wadham states here relates more directly to members further along in their service journey, the central point remains. There is significant stigma attached to any perceived mental weakness in the ADF and the reality is that disclosing issues related to mental health can be, and often is, career ending.<sup>212</sup> In the case of prospective members, this means their career ends before it has even begun.

175. Defence has said that ‘the pre-existence of a mental health condition should be disclosed to Defence as part of the recruiting process’; though it recognises that ‘this does not always occur’.<sup>213</sup>

176. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, described the challenge of encouraging disclosure during recruitment:

I don’t want to see someone excluded from Defence that has actually demonstrated help-seeking behaviours because [they are] the behaviours that we’re trying to implement in Defence. So, I wrestle with how do we do that in a safe way. I don’t have an answer but I just want to make sure our youth, who, should they want to serve in the military, have an opportunity [to] and aren’t disadvantaged because they demonstrated help-seeking behaviours.<sup>214</sup>

177. Eliminating barriers that may prevent a candidate from disclosing issues related to mental health – whether they stem from medical, psychological or physical factors – is critical for enabling early identification and intervention. Equally important, however, is the ADF taking seriously its duty of care to members and prospective members who *have* disclosed issues, especially when they have been permitted to enlist through the granting of a medical waiver.
178. We are under no illusion that it will be simple or easy for Defence to manage the multiple constraints associated with recruiting, training and establishing a resilient, deployable force, and fulfilling its duty of care with respect to the mental and physical health of members and prospective members. However, it is very clear to us that one aspect involves establishing a healthy reporting culture and destigmatising help seeking. We discuss the importance of mitigating illness and injury and intervening early in Chapter 15, Promoting health and wellbeing among ADF members.

## **Processes of recruitment selection can themselves be a barrier to disclosure**

179. In our view, because recruitment screening is part of a selection process, it is not the optimal setting for prospective members to speak candidly and openly about any issues and concerns they might have.<sup>215</sup> Candidates, whether consciously or not, are likely to seek to portray themselves in a positive light.<sup>216</sup> In so doing, they may choose not to disclose during the recruitment process risk factors they have, or have been exposed to. Professor McFarlane told us this is an inherent problem with screening at the point of recruitment. He said, ‘inevitably people will underreport ... difficulties at the time of their recruitment assessments and I’m not sure how one gets around that’.<sup>217</sup>
180. There is some evidence from the United States that the time at which screening occurs may affect the degree to which candidates and recruits disclose relevant information. According to a 2022 review by the Defense Health Board:

Contextual and environmental factors affect applicant and recruit disclosure. The time at which a screening tool or test is administered during the accession process appears to be an important factor affecting predictive validity.<sup>218</sup>

181. In our view, individuals will be more likely to disclose if they are aware it will not automatically mean they cannot enlist, and the necessary supports will be available to them on entry.

## **There is no obvious incentive to disclose during recruitment**

182. For a candidate seeking to progress through recruitment, there is no obvious incentive to disclose. From a psychology perspective, Defence told us that disclosing:

... previous self-harm, substance abuse, suicidality, ACEs [adverse childhood experiences], mental illness or conduct disorders ... does not automatically preclude an applicant from continuing the selection process.<sup>219</sup>

183. And from a medical perspective:

Applicants who declare a history of these conditions are generally not medically suitable for entry; however, [prior to a decision being made] each applicant is assessed individually in accordance with the Defence Health Manual ...<sup>220</sup>

184. Prior to the psychology interview, candidates are given a document titled 'Important information concerning your DFR [Defence Force Recruiting] Psychology Interview'. The document informs candidates that 'it is important [to] answer the Psychologist's questions as accurately as possible' as this will 'enable the Psychologist to make an accurate assessment of [the candidate's] current suitability for ADF entry'.<sup>221</sup> Candidates are further informed that:

The DFR Psychologist has a 'duty of care' to protect your interests and those of the ADF when making selection decisions within DFR. This 'duty of care' ensures that only those people who are likely to be able to cope with the demands of the ADF environment, are offered employment in that environment.<sup>222</sup>

185. It would be fair for a candidate to assume that disclosures will result in being screened out.

### **Non-disclosure may put candidate health and wellbeing at risk**

186. Medical Questionnaires Part A and Part B, which are completed online as part of the recruitment process, contain a clause directing the applicant to complete the questionnaire personally and 'fully disclose all requested information and other information that is relevant to an assessment of your health and fitness.'<sup>223</sup> The candidate is warned they may be guilty of an offence if they make a false answer with the intent to deceive, and may not be eligible for compensation benefits for that condition in the future.<sup>224</sup>

187. It is unlikely individuals would be willing to admit they failed to disclose relevant health information during recruiting screening given the potential consequences for non-disclosure.<sup>225</sup> This may prevent them from seeking help at a later time.

188. Defence acknowledged the psychological assessment model relies 'almost solely upon self-reporting mechanisms', and said it was 'very much aware' of issues caused by relying on 'a self-report based approach'.<sup>226</sup> Defence stated:

Potential costs for the individual include members being selected for and placed in roles for which they are not cognitively and/or emotionally equipped (includ[ing] operational deployment). For the organisation, member under-reporting of actual or potential mental health symptoms can result in capability gaps due to members failing to complete training on time, absenteeism/presenteeism, workplace health and safety concerns, and early attrition.<sup>227</sup>

189. We would like to add that from the evidence we have heard, we believe that the risk to a prospective member is not only that they may be selected for a role for which they are unsuited. Due to what Professor Wadham calls ‘the culture ... of vulnerability stigma, institutional abuse, failure to report and redress, and targeting of those who speak up’,<sup>228</sup> we believe that candidates with certain mental health and other issues who enlist may also be at greater risk of being targeted and excluded.
190. Major General Craig Orme AM CSC (Retd) spoke to this in his report, entitled *Beyond Compliance: Professionalism, Trust and Capability in the Australian Profession of Arms* (the Orme Review) when he spoke of ‘strong sanctions for deviations’ in the ‘tight’ culture of the military in which ‘the “insiders” are those who are socially strong and conform to the cultural ideal [and] the “outsiders” are those who are judged to fail in or pose a risk for the culture or are not accepted as part of the winning group.’<sup>229</sup>
191. To mitigate the risks associated with self-reporting, Defence relies heavily on the training and expertise of its psychologists:

A psychologist will not simply accept self-reported information at face value. Rather, psychologists are trained to identify, gather, compare, evaluate and incorporate data from multiple sources in reaching their final recommendation regarding the ‘suitability’ of the applicant for military service.<sup>230</sup>

### 3.6 Shifting the risk to *ab initio* training institutions

192. For most recruits, their first experience of service life will be at one of seven live-in *ab initio* training institutions. *Ab initio* means ‘from the beginning’ and refers to initial training for recruits.
193. *Ab initio* institutions consist of recruit schools and officer training institutions. Recruit schools are institutions designed to introduce new enlisted members to ADF service life and build foundational knowledge, skills and attributes specific to the service they enter.<sup>231</sup>
194. Officer training schools provide ‘officer trainees’ with the skills to lead a team of sailors, soldiers or aviators.<sup>232</sup> Training content differs across the four officer training schools and can include, for example, understanding operational demands, weapons qualifications, tactical leadership and academic studies.<sup>233</sup>
195. The majority of recruits in *ab initio* training institutions are aged between 17 and 24 years.<sup>234</sup> As we noted in sections 3.2.3 and 3.2.4, ex-serving members who separated from the ADF at a young age and within the period of time recruits typically undergo initial training are at higher risk of suicide and suicidality compared with the broader Australian population.<sup>235</sup>
196. We heard that during the early years of service life, significant moments or phases of transition and change can be associated with the emergence of mental health issues among a minority of serving members. This includes commencing *ab initio* training.<sup>236</sup>

197. *Ab initio* training can be a challenging and stressful experience for recruits, and this may exacerbate pre-existing vulnerabilities in individuals. Defence told us:

In Defence's experience, the psychosocial risk factors associated with the *ab initio* training environment are capable of increasing the risk of suicide or suicidality, particularly among those who have a pre-existing mental health condition or other psychosocial risk and vulnerability ...<sup>237</sup>

### 3.6.1 What are the drivers of suicide and suicidality risk at *ab initio* training institutions?

198. As we discuss in section 3.2.4, serving members at *ab initio* training institutions are overrepresented in incidents of suicidality. Understanding the contributing factors has been a significant challenge for Defence.

199. In an internal Defence brief obtained by the Royal Commission, we can see the Australian Defence Force Academy's (ADFA's) attempts to grapple with this issue in the face of an alarming upward trend of suicidality in 2022:

The number of suicidal ideation incidents over the first six months of 2022 was (at least) double the number incidents reported over any similar period since 2018. This could be attributed in part to the suicide of an ADFA TO [trainee officer] in April 2022, which prompted a number of TOs to seek support in the weeks following. Otherwise, it is difficult to identify a single causal factor for the increase in numbers, as the underlying issues for each individual are different.<sup>238</sup>

200. Risk factors interact in complex ways and cumulative exposure can increase one's risk of suicidality in ways that are non-linear (and therefore unpredictable). If Defence enlists people who have pre-existing risk factors, then the onus is on Defence not to catalyse an episode of suicidal despair.
201. Exposure to risk factors is highly contextual. When someone carrying risk factors for suicidality has access to various protective factors, or even one very strong protective factor – for instance, strong family and social support – those risk factors may never trigger an episode of suicidal distress. When one or more of those protective factors are removed, however – such as in the context of a stressful training environment far from a young person's social supports – the risk can suddenly and drastically be magnified.
202. As we discuss in section 3.3, Defence has dramatically increased the number of candidates who do not meet minimum entry standards yet are allowed to enlist having been granted a waiver. Yet Defence offers no particular support to this cohort and does not even track their outcomes. It is disingenuous to strategically increase the number of vulnerable people permitted to enlist and then point to pre-existing risk factors as the cause of increased rates of suicidality.

203. The complexity of interactions between factors that collectively lead to extreme psychological distress does not absolve Defence from responsibility due to the unpredictability of a person's trajectory to suicidality. Indeed, it is this very complexity that puts the onus on Defence to eliminate unnecessary stressors, minimise recruits' exposure to unavoidable stressors, and maximise the number and strength of protective factors and recruits' access to them.
204. It is not by intervening to reduce a single factor that suicide risk will be reduced, but by changing the landscape in which risk and protective factors interact, such that the protective factors predominate.
205. In March 2024, Defence acknowledged 'that there are unique stressors inherent in military training and military service, which may present as risk factors for suicide and suicidality in some individuals'.<sup>239</sup> These risk factors include:
- Psychosocial risk factors, 'some' of which may be present in the ADF's training environment.<sup>240</sup> Defence listed the following as potential factors:
    - job demands, low job control, poor support, lack of role clarity, poor organisational change management, inadequate reward or recognition, poor organisational justice, traumatic events or materials, remote or isolated work, poor physical environment, violence, bullying, sexual harassment, conflict or poor workplace relationships or interactions ...
  - Defence went on to consider how 'job demands' might be considered as a psychosocial risk factor 'where the training environment is competitive and intense and the live-in environment is considered high pressure'.<sup>241</sup>
  - Experiences of unacceptable behaviour at training institutions may 'increase the risk of distress and subsequent mental health challenges'.<sup>242</sup> This can be compounded by administrative and legal processes, which 'can lead to secondary trauma'.<sup>243</sup> These experiences may increase the risk of moral injury, which is a known risk factor for suicidal behaviour.<sup>244</sup>
  - Issues associated with physical injury during *ab initio* training, including chronic pain or being ostracised from fellow serving members due to stigma around perceived weakness, can be directly or indirectly connected to suicide behaviours.<sup>245</sup>
206. Defence also acknowledged risk factors relating to an 'insufficient or ineffective level of supervision', early separation from training institutions, 'separation from friends, family and social networks, breakdown of personal relationships', and 'social expectations or pressure from friends and family to graduate, perform or succeed on course'.<sup>246</sup>
207. As we explore in this chapter, improved, proactive supports are required to address those stressors that are able to be prevented or mitigated for this at-risk group of serving members. Similarly, increasing the quality and strength of protective factors, and improving members' access to them, is also crucial.



### 3.6.2 Defence culture is established during *ab initio* training

208. While initial training is a high-risk period, it also presents an opportunity to establish protective behaviours, including help-seeking. We heard about the importance of *ab initio* training institutions for establishing Defence values, embedding culture, and supporting the formation of serving members' new military identities.<sup>247</sup> In research commissioned by the Royal Commission, Professor Ben Wadham and his colleagues said:

As the first site of military socialisation, training institutions play a critical role in the construction of military identity, through imparting military values, norms, and modes of conduct to recruits.<sup>248</sup>

209. Then Chief of the Defence Force, General Angus Campbell, made the same point. In a statement, he wrote:

Our training establishments, including ADFA [Australian Defence Force Academy], are the first touchpoint for Service Culture. History has shown us that we need to pay close attention to civilian community trends and how to socialise young people into healthy interpersonal behaviours. We are actively attending to this socialisation.<sup>249</sup>

210. We explore the role of *ab initio* training institutions in embedding ADF culture further in Chapter 7, Culture and leadership.
211. It is deeply concerning, then, that *ab initio* training institutions have historically been a site of unacceptable behaviour and poor culture, including 'hazing or initiation practices' that were implicitly condoned as part of a 'tradition'.<sup>250</sup> As we discuss in Chapter 9, Unacceptable behaviour and complaints management, evidence gathered by previous inquiries and by this Royal Commission indicates that experiences of unacceptable behaviour, and Defence's mismanagement of that unacceptable behaviour, are risk factors for suicide and suicidality.<sup>251</sup>
212. We have heard historical lived experience accounts of abuse, violence and poor behaviour at *ab initio* training institutions.<sup>252</sup> We were told about the prevalence of ritualised violence, including sexualised violence, at some training institutions, experiences of 'horrific' and 'traumatic' abuse and of a leadership culture that excused and even endorsed these kinds of behaviour.<sup>253</sup>
213. Professor Megan MacKenzie is an international expert in military suicide and military sexual violence. She said that these experiences of abuse, and ADF leaders' response to that abuse, should not be dismissed as simply the actions of 'a few bad apples'.<sup>254</sup> Rather, Professor MacKenzie gave evidence that this 'dysfunction is baked into military culture, from initiation to how service members leave'.<sup>255</sup>

214. The evidence suggests that these elements of military culture should be understood in the context of training institutions being designed to ‘break you down’ and then ‘build you up again’.<sup>256</sup> Dr Andrew Khoo, a psychiatrist, described how initial training is designed to make young recruits more malleable so they can be reshaped:

That’s the breaking down process. There are a lot of things they are doing to make that individual more malleable, and very much this also has to do with age and developmental age, and biological brain age and what’s happening in the brain at that time; that’s why they like to recruit in late adolescence, early adulthood, or really, these days, what that converts to is late teens and early 20s, that’s why they like to recruit then, when an individual is malleable.<sup>257</sup>

215. Professor Wadham and colleagues use the term ‘cognitive shaping’ to describe this process. Their report states:

There are formal ways of training civilians to be service members with the capacity to prosecute violence. These occur through drill, weapon training, endurance exercises and education in military justice and military history. There is also a psychology to military training, which includes the cognitive shaping of civilians into adopting military ways of thinking and doing.<sup>258</sup>

216. In terms that are more raw and stark, this process is also described in many of the lived experience testimonies we heard and read. One ex-serving member wrote in a submission:

They strip [recruits] down and break them apart, reprogram them to do anything and everything that is ordered of them. [They] expose them to unsafe workplaces, high-stress environments, extreme workloads whilst deployed 24/7 for months with minimal outside contact.<sup>259</sup>

217. We have been told many times by Defence that its training institutions have evolved and significantly improved.<sup>260</sup> However, what of the underlying training philosophy in the ADF? While Professor Wadham’s research does suggest that hazing practices may have declined, he and his colleagues state:

When an institution is geared to equip every member with the capacity to prosecute violence, it generates the potential for violence within the ranks. Policy, leadership and culture can remediate this potential, but the institution and its leaders need to acknowledge this in the first instance.<sup>261</sup>

218. Our inquiry has found a range of ongoing deficiencies in Defence training institutions that contribute to the risk young serving members experience there.

- Rates of unacceptable behaviour are stubbornly high. In particular, we are concerned by the experience of women at some training institutions and the high rates of sexual assault and other forms of sexual misconduct, which we flag in Chapter 9, Unacceptable behaviour and complaints management, and discuss in more detail in Chapter 8, Military sexual violence.<sup>262</sup>

- Members at Army training institutions continue to be at particularly high risk of suffering physical injuries. We discuss the prevalence and type of injuries across the ADF in Chapter 15, Promoting health and wellbeing among ADF members.<sup>263</sup>
- At some *ab initio* training institutions, there is ongoing reliance on a form of ‘cadet hierarchies’ though this does not involve the exercise of command authority.<sup>264</sup> Evidence shows that cadet hierarchies have historically permitted senior trainees to perpetrate violence and abuse against more junior trainees.<sup>265</sup>
- Training regimes are often not appropriately tailored to the needs of an at-risk and ‘increasingly diverse recruit population’.<sup>266</sup>
- Failure to satisfactorily address the Australian Defence Force Academy’s unsafe residential environment given the very slow process to build new accommodation.<sup>267</sup> Defence ‘acknowledges that the current residential environment is sub-optimal and that there are challenges with its design’.<sup>268</sup> Until the accommodation is replaced, Defence has ‘taken measures to mitigate the [safety and security] risks ... as far as reasonably practicable’.<sup>269</sup> For example, Defence has installed CCTV and doors that lock automatically, and improved access to some support staff after hours.<sup>270</sup> However, other measures, such as housing support staff near the academy, will not be completed until the end of 2025.<sup>271</sup> Until the residential accommodation for trainee officers is replaced, these will remain stopgap measures.

219. Pressure on initial training institutions will only grow if the ADF succeeds in increasing the rate of recruitment as planned. This may be expected to increase the number of trainees significantly and increase pressure on an already stretched training workforce.

## 3.7 Support in the first months of service

220. In this section, we assess the kinds of support that are provided to recruits in the first weeks and months of service. Support varies across the three services and between enlisted members and officers.

221. We identify a number of shortcomings in current supports, including limited use of pre-conditioning support; insufficient numbers of training staff; overreliance on informal peer support and poor use of data and information. We also discuss opportunities for Defence to improve.

### 3.7.1 Current supports

222. Any individual who progresses through the recruitment process to enlistment is considered by Defence to be capable of meeting the demands of initial training and service life.<sup>272</sup>

223. The Commonwealth agreed that training institutions are not currently structured to provide new recruits with tailored support.<sup>273</sup> Instead, from the point of enlistment (or appointment) a recruit is eligible to access all the support services available to serving members. These include, but are not limited to:

- their own chain of command
- duty officers who are delegated to represent the commanding officer and are on-call and available to members 24 hours<sup>274</sup>
- medical centres
- psychology support centres, including those that offer critical incident support, via referral from the chain of command or staff at the training institution or self-referral by the recruit<sup>275</sup>
- chaplaincy services
- the Defence Member and Family Support and All House Support Line
- the Sexual Misconduct Prevention and Response Office
- the Workplace Behaviour Adviser Network
- Open Arms
- 1800 IMSICK hotline.<sup>276</sup>

224. Despite this long list, we think that merely making a suite of services available constitutes a reactive rather than a proactive approach. It does not make use of the data and information gathered during recruitment to promote the health and wellbeing of recruits. Recruits are mostly young and new to the organisation. The risk that the stigmatising of weakness creates barriers to accessing supports and services is a real one. Military culture traditionally does not encourage help-seeking. We discuss culture as a barrier to accessing health care in Chapter 5, The military employment classification system and medical separation.

225. In addition to these, recruits may also access service-specific supports, such as, but not limited to:

- the Navy divisional system
- the Army 'Who can help?' card, as well as access to civilian psychologists and social workers at the Kapooka (Army recruit training) Health Centre
- Air Force members qualified in mental health first aid.<sup>277</sup>

226. In their first week of *ab initio* training, recruits are informed of the available supports through mental health promotion activities.<sup>278</sup> For example, the Chief of Navy, Vice Admiral Mark Hammond AO RAN, told us 'the very first conversation in recruit school these days is about physiological health and wellbeing'. He went on to say, 'we do a complete assessment of the recruit in that we give them a tailored physical program

to ensure that they slowly build resilience and stuff whilst they're in the Navy'.<sup>279</sup> We provide more information about Defence mental health programs and activities in Chapter 15, Promoting health and wellbeing among ADF members.

227. The new 'candidate care' approach, whereby a candidate is assigned an ADF contact in a similar role to approach for information and insight, is focused on moving candidates through the recruiting process rather than providing health and wellbeing support.<sup>280</sup> The one-on-one attention offered to candidates under this model appears to end at the point of enlistment or appointment.<sup>281</sup>

### 3.7.2 Shortcomings in current supports

228. What happens during the early weeks of *ab initio* training can set the stage for the rest of a member's service life. If done well, *ab initio* training could play a vital role in setting up members for success by supporting early intervention, fostering a healthy reporting culture and establishing a psychologically safe climate.
229. After at-risk members are identified, they must be supported with access to timely, effective care. Professor McFarlane told us 'as you identify those high-risk groups, it's really about the system that you put around them. So, I think screening is really only one part of a much more general awareness and concern'.<sup>282</sup>
230. While we acknowledge there are support services available from the point of enlistment, we are concerned that they:
- are not informed by data on member outcomes
  - rely too heavily on young recruits' ability to self-refer during what is already a period of heightened risk
  - do not match the changing level of risk associated with recruitment policy, including pre-entry fitness assessment standards and use of medical waivers.

### Recruits are handed over without a plan for support

231. The recruitment process is designed to identify pre-existing issues and challenges that warrant additional support, should the candidate proceed to enlistment. Despite this, individual support plans following candidates through service life are not developed during recruitment.<sup>283</sup> Individual support plans are only developed as required.<sup>284</sup>
232. Director General of Defence Force Recruiting, Brigadier Duncan Hayward CSC, told us that the recruitment process and any associated responsibility for candidates ends 'when the candidate arrives at the front door of [one of] the seven *ab initio* training institutions'.<sup>285</sup> When asked whether support plans were developed for candidates during the recruitment process that might follow the individual into their service life, he replied 'no ... my direct responsibility is handing a candidate to the training institution where they are now a member of that particular service'.<sup>286</sup>

233. Similarly, when asked whether psychologists and medical clinicians wrote up support plans for prospective members about whom they had concerns, Chief Operating Officer of ManpowerGroup Australia (Adecco's predecessor), Mr Glenn McPhee, said:

... no. In relation to support plans specifically, no. Generally, and it is in fact probably more specific that the medical process and the psychological process generally would not let a candidate progress if there were concerns from a mental health perspective, and that could be identified in either of those two areas, medical or psychology.<sup>287</sup>

234. Defence confirmed that:

Candidates with pre-existing psychological issues or concerns and requiring additional support beyond that readily available to all serving members would typically be rated 'Not Suitable – Psych.' The underlying premise is that the training establishments are not currently structured to enable tailored support to individuals and that enlistees need to be assessed as capable of meeting the demands placed upon them during initial training and beyond that, service life. There is no active handover or measures put in place for candidates who represent an elevated risk but still meet the minimum standards for service.<sup>288</sup>

235. We agree that training establishments are not suited for people who carry certain risk factors associated with mental ill health and vulnerability to suicide. This is why we are extremely concerned about the way in which an increasing number of mental health waivers are being granted that allow candidates who do not meet medical entry standards to progress to the point of enlistment and to enter service life with no support plan.
236. We acknowledge that there must be boundaries around sharing sensitive personal information. Protocols of privacy and confidentiality must be adhered to and to encourage disclosure, members must know and consent to how their information will be used (see Chapter 15, Promoting health and wellbeing among ADF members). Accordingly, it is critical *ab initio* training institutions are aware of risks relating to a recruit while maintaining confidentiality.
237. The Chief of Army, Lieutenant General Simon Stuart AO DSC, suggested that a balance could be struck between upholding the confidentiality of members' medical information and ensuring that *ab initio* training institutions be aware of members who may require more proactive supports. He said:

I think that's essential if we're to fulfil our obligations to their health and wellbeing. And, again anecdotally, the feedback I've had from our team at 1RTB [1st Recruit Training Battalion] is that you don't need all the detail, but if you know who and, broadly speaking, where to look, then you can actually proactively lean in and, if you're aware of it, you can then make sense of what might occur during training with that recruit or you can proactively engage with them without breaching a confidence. But, again, it comes back to the principle of [being] soldier-centric and transparent and [having] the ability to communicate directly.<sup>289</sup>



238. In fact, Lieutenant General Stuart told us that some policies and procedures had been changed with respect to waiver recipients during the course of this Royal Commission. He told us that:

as of quarter 3 or 4 of 2023, in the case where an *ab initio* trainee is subject of a waiver, there is some transfer of ... general information around the substance of that waiver that is provided to the Recruit Training Battalion, but that's only a recent step.<sup>290</sup>

239. The Commonwealth also flagged that the Army has recently instituted a formal process to handover individuals from Defence Force Recruiting to 1st Recruit Training Battalion that seeks to highlight where additional support may be required, though the process is a 'recent activity' and 'not documented'.<sup>291</sup>

240. While we welcome these changes, recruits from other services with pre-existing physical or psychological concerns who are not waiver recipients are still not, to our knowledge, flagged on entry.

## **More recruits could benefit from support before their service begins**

241. Defence recognises the importance of pre-service programs that prepare new recruits for the rigours and challenges of *ab initio* training and service life.<sup>292</sup>

## **Support to meet physical fitness standards**

242. New Army recruits can prepare for the significant physical challenges of service life by participating in pre-conditioning training prior to commencing *ab initio* training. According to Defence, the purpose of the seven-week Army pre-conditioning program is 'to build resilience and mental toughness in participants for the purpose of assisting them [to] achieve the physical entry standard for commencement of the Army Recruit Course'.<sup>293</sup>

243. We are interested in the Army pre-conditioning program because lower levels of aerobic fitness are associated with poorer outcomes for recruits, including greater risk of injury, increased use of mental health support and greater likelihood of early separation.<sup>294</sup> This may be correlated with a higher risk of suicide and suicidality among this cohort.<sup>295</sup>

244. Between February 2019 and November 2021, Defence conducted a detailed study of recruits in training and personnel in initial employment training and combat brigades 'to characterise physical fitness and musculoskeletal injury incidence from *ab initio* to the trained force'.<sup>296</sup> The study 'was driven by a desire to improve recruitment and retention of Army personnel'.<sup>297</sup>

245. Overall, the Army pre-conditioning program was found to be effective in improving fitness and physical outcomes for new recruits, especially women, and particularly in relation to reducing the risk of physical injury.<sup>298</sup> Between 2016 and 2020, approximately 82% of female participants in the program met physical fitness standards that allowed them to commence initial Army training.<sup>299</sup>
246. However, the study also found that in the longer term, recruits who entered via the Army pre-conditioning program were at greater risk of experiencing injuries than those who had joined initial training directly.<sup>300</sup> To address this higher risk, the report recommended a one-week recovery period between the pre-conditioning program and initial training for a ‘mental re-fresh’ and a period of ‘dedicated active recovery time’.<sup>301</sup>
247. While the primary focus of the program is to build physical fitness, it also includes elements designed to contribute to ‘mental resilience and behavioural and emotional maturity’.<sup>302</sup> These elements were not evaluated.<sup>303</sup>
248. In 2021, the Air Force introduced a physical conditioning pre-arrival program for recruits. This is an online, self-directed program, available to new recruits at 1st Recruit Training Unit, which can be undertaken in the four weeks prior to starting *ab initio* training. It was specifically designed to raise fitness levels and mitigate the risk of injury, and can be tailored by participants so it begins at their current fitness level and builds from there.<sup>304</sup>
249. Participant feedback on a shorter version of this program delivered during COVID-19 lockdowns indicated that it helped recruits feel better prepared for *ab initio* training.<sup>305</sup> However, further evaluation of the current program is needed before its effectiveness could be determined.<sup>306</sup>
250. Navy introduced an app in January 2024 aimed at delivering ‘foundational exercise capacity and knowledge so that participants can safely and effectively engage in physical conditioning prior to joining and throughout their careers in the Navy’.<sup>307</sup> The New Entry Sailor Course has been extended by 10 weeks to allow for additional fitness training, and individuals must pass a physical fitness test within 12 months of entry to remain in the ADF.<sup>308</sup> As this program was still very new at the time of writing, there is limited information about its uptake and effectiveness to date.<sup>309</sup>

## Support to transition to service life

251. In addition to these programs, the ADF has offered a range of pre-service bridging and pathway programs at different times to support particular cohorts to enter and acclimatise to service life.<sup>310</sup>
252. For example, the Army Indigenous Development Program is a five-month program for provisionally enlisted First Nations candidates who do not meet general entry standards.<sup>311</sup> It supports First Nations participants to attain entry level physical fitness and education standards, and to develop confidence, social and emotional skills,

and mental and physical resilience. With the support of First Nations mentors, it also introduces 'ADF culture within the context of individual cultural identity' and prepares the candidate for initial training and the transition to service life.<sup>312</sup>

253. A review conducted by the Australian Human Rights Commission found that participants reported that the program effectively prepared them for service life and 'showed appreciation of Aboriginal and Torres Strait Islander cultures and practices'.<sup>313</sup>
254. Mentoring, particularly by culturally appropriate mentors, played a critical role in creating a 'sense of identity within Defence' and supported participants to 'shape their personal and professional journeys'. We believe the benefits conferred by these mentors would be improved if the relationship could be sustained over the long term.<sup>314</sup>
255. Participants told the Australian Human Rights Commission that the Army Indigenous Development Program improved their fitness and discipline and said that they benefited from the education component of the program.<sup>315</sup> The courses delivered in the Army Indigenous Development Program teach similar core skills and competencies to those required for new recruits in *ab initio* training.<sup>316</sup>
256. From 2016 to 2020, about 80% of participants in the course went on to *ab initio* training. However, some participants 'face[d] difficulties pursuing their chosen career paths' in the ADF and ultimately chose to separate from the ADF.<sup>317</sup> The lack of systematic data collection on participant experiences limits Defence's capacity to know whether the program is ultimately fulfilling its objectives and meeting the needs of participants, as well as how the program could be improved.<sup>318</sup>
257. Evidence indicates that participants need continuity of support if pre-service support is going to be effective. Dr Mary Frost, a psychiatrist who has treated serving and ex-serving members for 20 years, told us:

The military individuals running such programs appear to be highly invested in positive outcomes for their recruits. Unfortunately, such close support does not seem to be continued once successful enlistment has occurred. It is akin, in my mind, to the granting of funds to develop a successful Pilot program, then withdrawing all financial support once the program has been established and found to be highly effective.<sup>319</sup>

258. While there is room for improvement, particularly in course evaluation, there are indications that the Army pre-conditioning program and the Army Indigenous Development Program can support serving members prepare for the challenges of service life, at least in the short term.

259. Beyond these programs, there are limited additional supports for candidates pre-service and only some tailored support services for certain waiver recipients and entry pathways.<sup>320</sup> Defence told us:

Initially, there is no distinction between the level or frequency of support for Recruits (waiver or no waiver), as all Recruits experience different personal challenges transitioning into Service. Recruits who are identified as needing more support will receive care and additional monitoring as is deemed appropriate to the individual circumstances of the case, in consultation with health care professionals.<sup>321</sup>

260. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, acknowledged that pre-service bridging programs that go above and beyond physical conditioning could support new recruits to transition into service life:

I've been thinking about better preparation in joining and how might we enable that ... we've done components of fitness preparation before you join your recruit course in Army, so a pre-conditioning program. I have also thought about, voluntarily, is there an opportunity for an educative conditioning program, so opportunity to learn before you start recruit training, to ease some of that stress coming in to recruit training.<sup>322</sup>

261. Lieutenant General Fox went on to tell us that Defence is currently examining pre-service programs run in the United States, including the Future Fit Academy. She said 'that's the cognitive uplift and the physical uplift before you start recruit training ... We're trying to learn those lessons. We've done it in different, modular ways'.<sup>323</sup>

262. We encourage Defence to consider building on and enhancing the current suite of pre-service bridging programs to ensure that more members are supported in their transition from civilian to service life.

## Overreliance on informal peer support

263. Defence defines peer support as 'an initiative consisting of trained supporters', which can take various forms, including 'peer mentoring, reflective listening (reflective content and/or feelings), or counselling'.<sup>324</sup>
264. Recruits do not have access to formal peer support services or frameworks. The Army and the Royal Australian Navy Recruit School do not employ a formal peer support service or framework, and peer support arrangements are informal.<sup>325</sup>
265. Air Force recruits are 'encouraged to seek the support of their peers in the first instance, if and as appropriate' and peer support is written into 1st Recruit Training Unit Recruit Standing Orders.<sup>326</sup> Nevertheless, the selection of a peer support is informal and recruits are 'not allocated a peer support unless the recruit is subject to a fact finding or investigation' in which case a staff member will be allocated as their support officer.<sup>327</sup>

266. The services rely on other existing supports as well as on mental health training and education, such as Keep Your Mates Safe. Defence told us that mental health training ‘aims to provide recruits with the basic skills and knowledge to identify amongst their peers, persons of risk and direct them to the first aid and health support services available’.<sup>328</sup>
267. While this may serve to empower recruits, we are concerned that the absence of formal peer-support arrangements places an additional burden on young recruits who are themselves seeking to adjust and adapt to a new training environment and military life. It appears that this risk has also been voiced within Defence.
268. In an internal email of 2021, the then Commanding Officer of the Australian Defence Force Academy, Lieutenant Colonel David Cave, expressed concern about putting too much pressure on staff and peers at initial training institutions to identify and support vulnerable recruits. He wrote:
- Primarily, the problem is that we are transferring risk to staff and trainees who are inappropriately prepared to care for unwell individuals. Staff are increasingly expected to manage cases that are well beyond their skillset and reasonable expectations. This creates additional risks to our staff and other trainees from vicarious trauma and reputational harm, not to mention compromising the care of the unwell individual.<sup>329</sup>
269. He said that staff may not have the time, skills and capabilities necessary to provide such care, going on to say:
- In civilian practice this care is provided by dedicated clinicians within multidisciplinary teams, at contact intervals far longer than the multiple daily touchpoints directed to staff. We can and should train staff to provide immediate care, effectively mental health first aid. We have not equipped them, and should not expect them to provide the care that is required beyond that: they are not trained, certainly not skilled, and are not recruited for this ...<sup>330</sup>
270. The cultural value placed on self-sufficiency is discussed in more detail in Chapter 15, Promoting health and wellbeing among ADF members.

## Ineffective and insufficient supervision of recruits

271. As Lieutenant Colonel Cave’s comments indicate, staff are not appropriately prepared to care for the mental health of young, often at-risk, serving members living and training at *ab initio* training institutions. According to Lieutenant Colonel Cave, this has led to the situation where untrained staff are having to fulfil the equivalent of ‘out-patient’ care for recruits experiencing mental health issues.<sup>331</sup>
272. Providing appropriate training and support for training staff is not only critical for the wellbeing of the trainees, but also for the staff themselves.<sup>332</sup> We are particularly concerned by the high number and proportion of staff who have experienced suicidality and suicide-related incidents at some *ab initio* institutions.<sup>333</sup>

273. We discuss the need to appropriately upskill, specialise and professionalise this workforce in more detail in section 3.8.3.
274. These problems can also be attributed, at least in part, to an insufficient number of supervisory staff. Staffing shortages reduce the institutions' ability to care effectively for the wellbeing of young serving members living and working at these institutions.<sup>334</sup>
275. According to an internal Defence briefing obtained by the Royal Commission, having a sufficient number of quality staff is critical for reducing the risk of suicidality at *ab initio* training institutions:

The detection of indicators for suicidal ideation (changes in mood, behaviour, disposition etc) and the propensity for TOs [trainee officers] to seek support relies on appropriate staffing at ADFA [Australian Defence Force Academy] unit (both numbers and quality). Accordingly, the availability of staff (including Padres and ... counsellors) and their ability to build rapport/trust with the TOs is critical to maintaining their psychological safety.<sup>335</sup>

276. The brief concludes that 'without sufficient quality staff, there is an increased likelihood that lead indicators for suicidal ideation will go undetected', increasing the risk of suicidality.<sup>336</sup> Testimony from the former commander of HMAS *Cerberus*, Commander Alisha Withers, also supports this conclusion:

In the early days while they are at recruit school, while they are going through that really big transition period, having the correct number of staff around them enables me to provide the supervision they need to be able to see when the issues are arising, when recruits are struggling. I think if I didn't have enough staff there, there could be a possibility that someone who is struggling may not be noticed.<sup>337</sup>

277. The then Chief of the Defence Force distributed a minute in March 2022 that, in the face of ADF-wide staffing shortages, required Defence to prioritise staffing at training institutions. He wrote:

To sustainably generate the ADF, we must recruit the right people, lead them well, keep them safe, enhance their skills and find ways to retain them. Therefore, positions in *Defence Force Recruiting* and *schools* ... should be afforded a high priority.<sup>338</sup>

278. Despite this, evidence collected by the Royal Commission shows that a number of training institutions are short staffed to varying degrees.<sup>339</sup> In the case of the Australian Defence Force Academy, we heard that even at full capacity, the ratio of staff to trainees is insufficient for the effective care and leadership of academy trainees.<sup>340</sup> This may, at least in part, be attributed to the challenges faced by Defence in attracting high-quality staff to training institutions, which we discuss at section 3.8.3.<sup>341</sup>



### 3.7.3 Using recruitment data to support member wellbeing

279. Even with its current shortcomings, the recruitment process provides the ADF with significant information on candidates and the specific risks they may carry. Yet the ADF makes little use of this data to support member wellbeing after entry nor does it combine recruitment data with other datasets to better understand the factors that may contribute to suicide or suicidality.
280. Defence's failure to use, interrogate and apply the data it collects at recruitment undermines its capacity to know what outcomes different recruit cohorts experience. Without this knowledge, Defence cannot know what is working and what needs to be improved.

#### Data from recruitment does not follow successful candidates into service life

281. In our view, the decision to change the risk settings for recruitment to the ADF should be informed by effective risk identification and management. To be clear, we mean risks to people. However, Defence does not currently track the outcomes of any cohort of successfully enlisted candidate to evaluate whether recruits who received the psychological ratings 'marginal', 'not recommended' or 'not suitable' had poorer outcomes than their peers.
282. We summarise here critical pieces of information that Defence does not collect:
- Lowering entry standards is a significant change to recruitment policy and it carries risks for member health and wellbeing. Yet Defence 'does not maintain an enterprise tracking system to document each of the changes in entry standards or the effects of changes on the performance of recruits'.<sup>342</sup>
  - As we note in section 3.3, Defence does not collect data:
    - on the progress and performance of medical waiver recipients during training or service life
    - on members who received a medical waiver in the last decade
    - on any associations between receiving a medical waiver and length of service, transition outcomes and suicide and suicidality.
283. Defence does not record data in a way that would enable it to track the health and wellbeing outcomes of successful applicants who disclosed during recruitment a history of self-harm, substance abuse, suicidality, adverse childhood experiences, mental illness, or a conduct disorder.<sup>343</sup> The Commonwealth suggests this is due to confidentiality requirements around medical information.<sup>344</sup>

284. As we note in Chapter 29, Use of data and research by Defence and DVA, Defence does not monitor outcomes adequately for members who are at statistically heightened risk of suicidality, including culturally and linguistically diverse people, First Nations people and people who identify as LGBTIQ+.
285. In addition, member-centred initiatives aimed at continuous improvement of the recruitment process are lacking – such as listening to feedback from new recruits.
286. We could not state it more plainly: workforce growth must not be considered as mutually exclusive from member wellbeing. Indeed, the only path to workforce growth is one that sees Defence urgently and genuinely doing everything it can to understand how members experience the early stages of service life, so it can continue to improve. This will enable Defence to improve the recruitment process, including by aligning messaging with the reality. Defence must also use the data it collects, analyse the trends, know which cohorts are performing well and which are not, so it can improve retention and wellbeing at the same time.

### **Defence has limited ability to analyse member health and wellbeing outcomes of recruitment risk settings**

287. Critical data on member outcomes is not recorded in a way that would allow Defence to track outcomes routinely or analyse trends.<sup>345</sup> Defence acknowledges that its workforce system is ‘complex and disaggregated’, with data held and owned by multiple groups and services.<sup>346</sup> Defence has said that while ‘the system is generally rich with data, it is in part stove-piped’.<sup>347</sup> That is, its systems *could* share data with other systems but do not. This significantly limits Defence’s capacity to conduct predictive analysis across the enterprise.<sup>348</sup>
288. For example, when the Royal Commission requested data from Defence in relation to medical waiver recipients from 1 January 2012, including their length of service, whether they remained in service or had been discharged, and if discharged, the reason for discharge, Defence responded:

The medical and psychological files of approximately 67,100 members recruited since 1 January 2012 would have to be interrogated to answer that question. To provide this data, Defence would need to conduct a manual review of all members files held by various areas across Defence and establish a database to capture this information.<sup>349</sup>

289. Similarly, when we sought data on whether there were any associations between psychological screening data and length of service, experiences of bullying and harassment in the ADF, transition outcomes and suicidality, Defence’s response was:

This data is not tracked by Defence ... the ‘mental health screening’ aspect of the OSA [Occupational Suitability Assessment] interview is the responsibility of the psychologist. Information relevant to the applicant’s mental health status (current and prior) is recorded as part of the record of interview. That information is not recorded in a manner that enables it to be searched or used for trend analysis.<sup>350</sup>

290. Director Occupational Psychological, Joint Health Command, Mr Geoff Gallas, confirmed that the information exists, but is not used as analysable data, saying:

... the information is collected as part of a health record. It wasn't originally conceptualised as a data piece. It is more a narrative, comments in records. So, the information exists but it doesn't currently exist as a form of data per se. To extract it to make it into a meaningful source of data, which would enable linking to other things, including [inaudible] health system, is a very large amount of work.<sup>351</sup>

291. The Royal Commission asked whether a sample of psychology assessment data could be tracked for the member's length of service and suicidality. Mr Gallas responded:

studies could probably be done but again, the amount of work to extract it, especially from the e-health system – the psych system to a lesser extent, I believe, just because the bulk is a great deal less – would be significant.<sup>352</sup>

292. As a result, the ADF is 'low on insight [and] understanding' in relation to the data it holds.<sup>353</sup> It has no way of knowing whether granting medical waivers results in poor outcomes for recruits, including early separation, or whether changes to risk settings impact the physical and mental health of those who enter under medical waivers or reduced physical fitness standards.

293. Defence does have the *capacity* to access and analyse information gathered during the recruitment interview with the psychologist (such as history of self-harm, substance abuse, suicidality, adverse childhood experiences, mental illness and conduct disorders). But at present, Defence's approach is reactive rather than proactive in that it reviews data only after there has been an incident of suicide or self-harm.<sup>354</sup>

294. At a minimum, we encourage Defence to track, from the point of enlistment, the outcomes of members who entered under:

- reduced entry standards (medical, psychological or fitness-related)
- waivers (medical, psychological or fitness-related).

295. In our view, data on the outcomes of new enlistees is a vital input for designing recruitment processes that minimise the risks of suicidality and other forms of harm, and maximise the health and wellbeing of members. This is particularly the case for:

- those who enter under reduced standards or waiver recipients
- those for whom Defence has accepted marginally higher psychological risk indicators
- groups at heightened risk of suicide.

296. The effectiveness of recruitment policies – which inescapably includes the safety of more vulnerable recruits who are permitted to enlist – cannot be properly assessed without understanding how outcomes differ, if at all, between entry pathways. Collecting data in a usable way will enable Defence to better evaluate and identify its future risk appetite.
297. We understand that Defence is intending to implement a new candidate management system.<sup>355</sup> Defence told us that the system will have a self-serve function for candidates ‘via an online recruiting portal’ and allow for the ‘systemised validation of medical and psychology selection criteria against predefined standards’.<sup>356</sup> It is unclear whether data collected in this new system will be useable in informing supports for successful candidates transitioning from recruitment into *ab initio* training.

### 3.8 Setting recruits up for success in their Defence career

298. Initial training is a critical window for establishing the values and expectations necessary to support help-seeking behaviour throughout a member’s career and remove barriers. It is also a phase of a member’s Defence career that carries elevated suicide risk. The ADF must reconcile its ‘break them down and build them up’ approach to initial training with the commitment to supporting the wellbeing of recruits voiced by its senior leaders. This will require a cultural shift to avoid the preconditions that create ill health and cause risk factors to be realised.
299. The Chief of Army, Lieutenant General Simon Stuart, agreed that training institutions play a critical role in the construction of military identity and are instrumental in shaping future leaders.<sup>357</sup>
300. The then Chief of the Defence Force observed: ‘Our young people are much more inclined, very positively, to speak, to ... seek engagement and support’.<sup>358</sup> This generational change provides an opportunity to reset cultural norms. It is critical that initial training rewards and reinforces this tendency and ensures it is not stamped out by a prevailing culture that still does not support help-seeking and, in the experience of some people we heard from, sometimes punishes it.
301. As it stands, the ADF is accepting significant risk when it accepts recruits that do not meet its own physical and mental health thresholds via reduced pre-entry fitness assessment standards, medical waivers and psychological assessment recommendations that are not implemented.
302. Defence measures how these policies increase the number of recruits. But, with the exception of the Indexed Entry Standards Trial, it does not track outcomes for these recruits when they are thrown into the high-pressure environment of initial training and beyond. It is the recruits themselves who bear both the responsibility to identify their needs, seek support when risks are realised, and carry the cost.

303. The ADF's recruitment and initial training functions appear to be heavily siloed. There is inadequate handover of recruitment information to identify recruits who may benefit from proactive support. The ADF displays insufficient duty of care towards this cohort of young people going through an extreme transformation. Initial training institutions are ill-prepared to accept and manage the elevated risk of suicide and suicidality associated with incoming recruits.
304. In our inquiries, we have heard extensive discussion of risk in the recruitment phase, but there is almost no mention of protective factors. Help seeking is protective because it:
- allows for early intervention
  - stops the person being in isolation with their suffering
  - creates pathways for positive coping and support rather than maladaptive behaviours.
305. In this section, we consider how initial training could be reoriented to set recruits up for success in service life.

### 3.8.1 Early, informed, proactive support for all recruits

306. Several senior Defence leaders endorsed the need for earlier, more proactive support mechanisms on entry into *ab initio* training institutions.
307. Lieutenant General Natasha Fox accepted the proposition that younger recruits present a higher level of risk by virtue of their age and moving to an unfamiliar institution.<sup>359</sup> She supported doing what was required (by way of using data to provide the right kinds of proactive support) to 'set the person up for success' as they enter their training institution.<sup>360</sup>
308. Lieutenant General Simon Stuart described the need to build self-awareness and resilience among new recruits as a 'race against the clock'. He said:
- ... we get largely young Australians, in some cases very young, new adults, there isn't the level of maturity there at their *ab initio* training. There aren't levels of self-awareness. There aren't levels of resilience and they bring into service the background that they have come from. So, in a sense, we are racing against the clock to help them to develop a level of maturity and through that maturity, and then understanding of service and understanding of themselves and how they fit within a team, to build resilience. But also, to understand that there is help available but that actually requires them to engage as well.<sup>361</sup>

309. The then Chief of Air Force and incoming Vice Chief of the Defence Force, Air Marshal Robert Chipman AO CSC, highlighted the reactivity of the current approach to mental health and spoke of the importance of a dispositional shift towards a more 'proactive approach', stating:

I would characterise our approach to mental health ... and wellbeing as being one where we recognise once people are suffering from ill-health then we put in place support mechanisms for them. What I'm talking about, when I'm talking about moving to a more proactive approach, is making sure we avoid the ... preconditions that might create ill-health in the first place.<sup>362</sup>

310. We agree. Defence has a responsibility to avoid the preconditions that create ill health. If Defence is serious about this, it should not recruit people with known vulnerabilities without tracking their outcomes and offering proactive support. Defence should not hurry candidates through the recruitment process before they understand the risks of service life, including the risk of suicide and suicidality. Defence should not hand recruits over to *ab initio* training institutions that are ill-prepared to provide recruits with anything more than 'one-size-fits-all' support.
311. We acknowledge there are supports in place for candidates from enlistment to *ab initio* training. However, the psychological supports in place are, in our view, too reactive and place a heavy onus on recruits to reach out for support. Staff are inadequately trained and under-resourced to identify and respond to signs that a recruit needs help.
312. Lieutenant General Stuart told us 'at the point where someone identifies that they're experiencing suicide ideation or they attempt to take their own life, then we get incident reports on that straightaway' and a range of supports are provided to the individual.<sup>363</sup> He highlighted how important it is to act before an incident occurs:

Preventing people from reaching that point before they put their hand up and seek help ... that's the bit that concerns me. I'd love to know how to breach that gap.<sup>364</sup>

313. In Chapter 15, Promoting health and wellbeing among ADF members, we recommend the ADF ensure all transition points of greater vulnerability trigger a mental health screen, starting with *ab initio* training. This, combined with enhanced, proactive supports, could assist in bridging that gap.



### 3.8.2 Using mental health screens to identify support needs

314. As we discuss in section 3.2.4, mental health issues can emerge in the early stages of service life, which makes this time ideal for early intervention. An Australian study of 5,329 ADF personnel found that ‘most of the key predictors associated with poorer mental health trajectories represent modifiable factors (for example, maladaptive coping strategies, levels of anger and sleep difficulties)’.<sup>365</sup> The study identified a number of opportunities to identify and offer support for members experiencing mental health challenges:

These factors could be targeted via early mental health screening, training and psychological interventions. A viable approach may be to more actively involve leadership and/or command members in managing the wellbeing of their unit, particularly junior leadership. Perceived good leadership has previously been associated with lower levels of mental disorder, including PTSD, in Armed Forces members and given the knowledge of personnel in their command that leaders have, they are well placed to identify changes in an individual.<sup>366</sup>

315. Similarly, in its 2023 review of the literature on the suicide of serving and ex-serving ADF members, Phoenix Australia identified that recruitment and other mental health screening could provide a ‘sustainable’ way to:

identify potentially vulnerable individuals with a view to providing opportunities to build skills over their unique military/veteran lifecycle. Such an approach has the potential to decrease attrition, build behavioural and mental health optimisation, and reduce human suffering.<sup>367</sup>

316. This suggests that recruitment assessment processes could be used to flag the need for additional support for a recruit, rather than solely being used to screen them out of organisation. Defence appears to recognise the utility of this approach, telling us:

There is evidence to suggest that there are some subgroups in which suicide is more common, but which do not necessarily confer causal risk. For example, younger age, minority groups, lower rank and prior trauma. This provides the ADF an opportunity to screen at recruiting and target interventions to build resilience during military training.<sup>368</sup>

317. We broadly agree with this approach. However, rather than isolating individuals, we are of the view that a member’s first mental health screen, and the offer of referral for further support, should be introduced to all new recruits at *ab initio* training on the basis that:

- a significant proportion of enlisted individuals may be at risk before they even enter an *ab initio* training institution
- there is no mandated, universal mental health screening during recruitment or during *ab initio* training; it can be years before a member receives a mental health screen

- *ab initio* training is a high-risk setting with suicide-related incidents recorded as early as during the first two weeks
- Defence does not proactively review, monitor and analyse successful candidates' outcomes from recruitment through their service life
- improved risk identification together with enhanced supports may prove more effective in reducing harm for members during the stressful adaption from civilian to military life, thus reducing early separation from the ADF, particularly since a shorter length of service is a known risk factor for suicide and suicidality (see Chapter 1, Understanding suicide).

318. We recognise that establishing mandatory mental health screening during the initial months of service life will not identify every recruit at risk nor will it address the limitations of self-reporting. However, mental health screening for all new recruits would provide the ADF with baseline data and flag individuals at heightened risk. By extension, it would also allow for a more informed analysis of members' longitudinal trajectory and targeted interventions designed to improve screening processes and to reduce the risk of injury and harm during *ab initio* training.

319. An indirect benefit of this approach is cultural reform. As the ADF continues to implement a program of cultural reform, a universal approach to screening on entry could go a long way in reducing stigma and introduce a culture of help-seeking from day one of service life. In Chapter 15, Promoting health and wellbeing among ADF members, we note the structural barriers to help-seeking that exist throughout service life. A mental health screen for all recruits would not only support individuals to access the appropriate supports, it would introduce them to the medical and mental health system, ensuring they are set up to seek help later should they need it.

320. Lieutenant General Fox accepted that it would be beneficial to have baseline data on entry about members' psychosocial status to help manage lifetime wellbeing.<sup>369</sup> She also agreed that there would be use in having compulsory mental health screening on entry, but noted there is already a process for psychological assessment at recruitment and, if necessary, again at enlistment.<sup>370</sup>

321. Since recruitment testing is aimed at determining whether an individual is suitable for recruitment into the ADF, it does not identify particular supports an individual may need to address pre-existing psychological issues or concerns.<sup>371</sup> But Lieutenant General Fox agreed:

that individuals coming into the military where we understand at point of entry what their circumstances are, and if there might be some aspect, that should be handed over to the training institution so that they can assist in managing.<sup>372</sup>

322. We received evidence that *ab initio* training institutions do not understand at point of entry what a member's circumstances are coming out of the recruitment process.<sup>373</sup> Candidate information (including the psychology functional assessment) forms part of a member's service record.<sup>374</sup> But, generally, records are accessed only after an 'event' – for example, where a member presents to hospital.<sup>375</sup>

323. Surgeon General and Commander of Joint Health, Rear Admiral Sonya Bennett AM RAN, told us ‘the difference between becoming visible to the health system and not, would be whether there’s a diagnosis attached or there’s mental ill-health’.<sup>376</sup> She went on to state that, in relation to members who have successfully gone through recruiting:

If there was something that needed to be drawn to the attention of the health system, I would be confident that that process would occur. But if these are individuals who are assessed as potentially having higher risk factors, they may not come to the attention of the health system at all.<sup>377</sup>

### 3.8.3 Reorienting support during initial training

324. Service life presents many challenges and opportunities for ADF members. For all new recruits, initial training is a formative period and for some, it represents a period of risk. Most new recruits are relatively young; they may be still developing their level of self-awareness, and are likely still building coping strategies, interpersonal skills and resilience.

325. What does resilience look like? In our view, resilience is seeking help, having one another’s back, not tolerating behaviours of ostracism and exclusion (and other informal punishments), and emotional regulation.

326. In its response to potential propositions developed by the Royal Commission, the Commonwealth agreed that:

the number of non-fatal attempts at suicide or suicide-related incidents within a short time of joining the ADF suggests that ADF members need better support and refined leadership and management practices from trainers as they commence and complete initial military training.<sup>378</sup>

327. Improving across-the-board support for all recruits during initial training is an opportunity to embed positive help-seeking behaviours they will benefit from throughout service life. We are not merely arguing for more money or more support services, though these will be required in some circumstances. Instead, we argue that the training system should be reoriented to set recruits up for their career in the ADF, to help them feel valued as an individual within the system, and to build their coping and resilience skills over the course of their training. This requires an environment where seeking help is normalised, and recruits trust one another and their leaders.

328. Because the interventions that are most effective will vary across different service environments, we do not seek to prescribe a single model. Instead, we identify a series of principles that should be met and urge Defence to review its approach against them. Potential opportunities to improve include expanded use of pre-conditioning programs and a proactive approach in providing mental health supports in lieu of the current reactive approach.

329. This would require investment in evaluating current ways of supporting recruits, including the circumstances in which they are most effective and whether they have lasting benefits for members later in service life.
330. Another key enabler for effective support is the capacity of instructors and other staff at initial training institutions to lead and educate young people, including vulnerable individuals.
331. We heard that *ab initio* training institutions face challenges attracting and retaining high-quality staff. Commander Withers explained why junior officers, who are required to fill certain leadership roles at training institutions, may not find this prospect attractive:

There is a lack of understanding because the junior officers don't come through recruit school. They don't spend a lot of time down at Cerberus. They're not aware of what it is there, and so enticing them to apply to come to recruit school can be quite difficult.<sup>379</sup>

332. Lieutenant Colonel Cave said that staff at the Australian Defence Force Academy are 'high-quality individuals' but:

may not have a background in instruction and ... may not have specifically a background in instructing adolescents, and so many of these concepts and understanding of how best to provide support may be new to them.<sup>380</sup>

333. Reviews in Australia, New Zealand and Canada found that training institutions were seen as an undesirable posting, a 'dumping ground' for under-performing personnel. They proposed that teaching talent be recognised and rewarded.<sup>381</sup> In Canada, the *Independent External Comprehensive Review of the Department of National Defence and the Canadian Armed Forces* recommended the Canadian Armed Forces 'equip all training schools with the best possible people and instructors' by:

- prioritising postings at training institutions
- creating incentives for officers to take up roles at training institutions, including 'pay incentives, accelerated promotions, agreement[s] for future posting priority, or other effective means'<sup>382</sup>
- addressing real or perceived penalties of being posted to a training institution when promotion and posting decisions are made
- screening instructors for character and competence.<sup>383</sup>

334. We support this approach and note that the Air Force already offers financial and other incentives for instructors at its recruit training school.<sup>384</sup>

335. Witnesses from initial training institutions also acknowledged the need to build the capability of instructors to manage their own and trainees' mental health and wellbeing, manage vicarious trauma and understand how they 'react under distress, duress [and] fatigue'.<sup>385</sup> As Lieutenant Colonel Cave argued, it is not enough for instructors to be technical experts in their field, they must be 'a leader, a teacher and a mentor of adolescents' and this requires sustained professional development.<sup>386</sup>

336. The professionalisation of instructor roles could also help attract highly qualified staff who may otherwise not be inclined to consider postings to *ab initio* institutions.<sup>387</sup> As we discuss in Chapter 5, The military employment classification system and medical separation, members who are unable to deploy due to illness or injury are a cohort that could be used as a source of highly experienced instructors who are committed to remaining in service.

### **Recommendation 2: Improve outcomes and access to support for recruits in *ab initio* training**

Defence should improve support for all recruits in *ab initio* training to build resilience and embed help-seeking behaviours. Developed in partnership with people with lived experience of service, the model of support should:

- (a) utilise mental health screening conducted during *ab initio* training (Recommendation 65) to identify and provide support to proactively meet recruits' needs
- (b) reduce barriers to accessing timely and appropriate care, including physical health, mental health, spiritual health, pastoral care and peer supports
- (c) ensure that changes to 'recruitment risk appetite' do not jeopardise members' mental and physical health, including for those who enter under reduced physical fitness standards, as waiver recipients or with higher psychological risk, including by:
  - (i) longitudinal tracking of health, wellbeing and safety outcomes for members from initial training and throughout their Australian Defence Force career
  - (ii) with members' consent, sharing insights about recruits' support needs obtained through recruitment processes to enable *ab initio* training institutions to offer relevant supports proactively
- (d) prioritise and promote postings at *ab initio* training institutions and ensure that instructors have the resourcing, capabilities and personal attributes necessary to lead and educate young people, including vulnerable individuals.

## 3.9 Conclusion

- 337. Defence recruits form a high-risk cohort. Support to new recruits should be informed by available data and reassessed when risk settings change, as they can have implications for both operational capability and the health, wellbeing and safety of recruits.
- 338. In this chapter, we establish the importance of screening to identify individual support needs and using data to understand the effects of recruitment policy settings so recruits with known vulnerabilities receive the support they need and suicide prevention efforts can be better targeted, proactive and effective.
- 339. We recommend that Defence uplift and reorient support for all recruits during initial training to focus on embedding help-seeking behaviours. Defence's disposition towards help-seeking is critical to combating cultural norms and stigma that discourage members from seeking help when they need it as they travel through service life.



## Endnotes

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97 Exhibit G-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-165, DEF.9999.0130.0002 at 0009 [28].

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99 Transcript, Rodney Pope, Hearing Block 10, 18 July 2023, pp 69-6668 [10]–69-6669 [44].

100 Transcript, Rodney Pope, Hearing Block 10, 18 July 2023, p 69-6668 [25–26].

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102 Transcript, Rodney Pope, Hearing Block 10, 18 July 2023, p 69-6668 [31–33].

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104 Exhibit F-01.059, Department of Defence, Response to Notice to Produce, NTP-DEF-255-02, DEF.1255.0004.0087 at 0135.

105 Transcript, Duncan Hayward, Hearing Block 6, 10 August 2022, p 47-4609 [38–45].

106 Transcript, Andrew Deacon, Hearing Block 8, 29 November 2022, p 56-5473 [10–25].

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111 Transcript, Andrew Deacon, Hearing Block 8, 29 November 2022, p 56-5473 [25–43].

112 Transcript, Andrew Deacon, Hearing Block 8, 29 November 2022, p 56-5473 [29–30].

113 Transcript, Rodney Pope, Hearing Block 10, Tuesday 18 July 2023, p 69-6685 [9–16].

114 Transcript, Stephan Rudzki, Hearing Block 10, 18 July 2023, p 69-6704 [21–22].

115 Transcript, Stephan Rudzki, Hearing Block 10, 18 July 2023, p 69-6704 [21–25].

116 Transcript, Rob Orr, Hearing Block 10, 18 July 2023, p 69-6704 [37–41].

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118 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0173 [784].

119 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0035 [162].

120 Exhibit 90-03.009, Hearing Block 12, Department of Defence, Response to Notice to Give, DEF.9999.0138.0006 at 0007. Note: Defence cannot verify the accuracy of this data.

121 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0173. Note: Defence cannot verify the accuracy of this data.

122 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0176 [791].

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124 Transcript, Rodney Pope, Hearing Block 10, 18 July 2023, p 69-6668 [31–33].

125 See: Appendix I Comparative rates of suicide – ex-serving ADF members.

- 126 Exhibit F.05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0044.
- 127 Exhibit F-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-259, DEF.1259.0001.0018 at 0020.
- 128 Exhibit F-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-259, DEF.1259.0001.0018 at 0024.
- 129 Exhibit F-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-259, DEF.1259.0001.0018 at 0022.
- 130 Exhibit F-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-259, DEF.1259.0001.0018 at 0022.
- 131 PFLR-31 (Recruitment – Entry Screening and Support, Commonwealth response), PFL.0007.0002.0341 at 0377.
- 132 Transcript, Robert Worswick, Hearing Block 8, 30 November 2022, p 57-5658 [4–20].
- 133 Exhibit UU-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-184, DEF.9999.0197.0001 at 0017 [52].
- 134 Exhibit G-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-165, DEF.9999.0130.0002 at 0017 [61].
- 135 Exhibit FF-01.044, Department of Defence, Response to Notice to Produce, NTP-DEF-291-02, DEF.1291.0002.0546 at 0547.
- 136 Exhibit G-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-165, DEF.9999.0130.0002 at 0017 [63].
- 137 Exhibit 90-03.010, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-207, DEF.9999.0158.0001 at 0018 [40].
- 138 Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9984 [22–25].
- 139 Transcript, Andrew Deacon, Hearing Block 8, 29 November 2022, pp 56-5496 [46]–56-5497 [9].
- 140 Exhibit 49-01.017, Department of Defence, Response to Notice to Produce, NTP-DEF-061-02, DEF.1061.0003.0001 at 0001.
- 141 Exhibit 90-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0001; Exhibit 90-03.002, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0002; Exhibit 90-03.003, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0003; Exhibit 90-03.004, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0004; Exhibit 90-03.007, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0005.
- 142 Exhibit 90-03.001, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0001; Exhibit 90-03.002, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0002; Exhibit 90-03.003, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0003; Exhibit 90-03.004, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0004; Exhibit 90-03.007, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-291, DEF.1291.0001.0005.
- 143 Transcript, Alisha Withers, Hearing Block 8, 29 November 2022, p 56-5524 [25].
- 144 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0043 [178], 0183 [833], 0184 [837–841]; Exhibit G-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-165, DEF.9999.0130.0002 at 0048 [200].
- 145 Exhibit G-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-165, DEF.9999.0130.0002 at 0009 [28].
- 146 Exhibit G-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-165, DEF.9999.0130.0002 at 0009 [28].
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- 148 PFLR-22 (Recruitment – Informing candidates about the health and wellbeing risks of service, Commonwealth response), PFL.0007.0002.0104 at 0122.
- 149 PFLR-22 (Recruitment – Informing candidates about the health and wellbeing risks of service, Commonwealth response), PFL.0007.0002.0104 at 0122.



150 Exhibit 35-02.030, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-025, DEF.1025.0002.1284 at 1298.

151 Name withheld, Submission, ANON-Z1E7-Q1VK-A, p [2].

152 Name withheld, Submission, ANON-Z1E7-Q8W8-Y, p [1].

153 Name withheld, Submission, ANON-Z1E7-Q86B-8, p [2].

154 Name withheld, Submission, ANON-Z1E7-Q879-Z, p [2].

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156 Transcript, Sharon Lawn, Hearing Block 4, 6 April 2022, p 26-2326 [29–35].

157 Transcript, Sharon Lawn, Hearing Block 4, 6 April 2022, p 26-2326 [36–41].

158 Transcript, Sharon Lawn, Hearing Block 4, 6 April 2022 pp 26-2326 [45]–26-2327 [23].

159 Transcript, Wade Stothart, Hearing Block 10, 21 July 2023, p 72-6931 [5–11].

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162 Transcript, Duncan Hayward, Hearing Block 6, 10 August 2022, pp 47-4597 [40]–2-4598 [28].

163 Transcript, Lynette Tyrrell, Hearing Block 6, 10 August 2022, p 47-4598 [23–28].

164 Exhibit G-01.010, Department of Defence, Response to Notice to Give, NTG-DEF-165, DEF.9999.0130.0002 at 0048 [201].

165 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 67 (Exhibit L-01.026, DVS.2222.0001.0531).

166 Transcript, Angus Campbell, Hearing Block 5, 24 June 2022, p 36-3469 [23–24].

167 T Varker and others, *ADF members and ex-members suicide literature review: An update*, commissioned by the Royal Commission into Defence and Veteran Suicide, October 2023, p 67 (Exhibit L-01.026, DVS.2222.0001.0531).

168 Exhibit 30-03.001, Hearing Block 4, Response to Notice to Produce, NTP-DEF-029, DEF.1029.0001.1110 at 1140.

169 Exhibit 30-03.001, Hearing Block 4, Response to Notice to Produce, NTP-DEF-029, DEF.1029.0001.1110 at 1140.

170 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0142 [654].

171 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0136 [629].

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173 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0133 [620].

174 Exhibit 101-01.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0002 [3].

175 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0123–0124.

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178 Exhibit 47-03.026, Hearing Block 6, Department of Defence, Response to Notice to Produce, NTG-DEF-048-01, DEF.1048.0004.6670.

179 Exhibit F-01.020, Department of Defence, Response to Notice to Produce, NTG-DEF-235, DEF.1235.0001.1008.

180 Exhibit F-01.021, Department of Defence, Response to Notice to Produce, NTP-MPG-001, MPG.0002.0001.0020.

181 Exhibit F-01.022, Department of Defence, Response to Notice to Produce, NTP-MPG-001, MPG.0002.0001.0006.

182 Exhibit F-01.023, Department of Defence, Response to Notice to Produce, NTP-MPG-001, MPG.0002.0001.0001.

183 Exhibit G-01.016t, Department of Defence, Response to Notice to Produce, NTP-DEF-235, DEF.1235.0001.1029.

184 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0078 [368].

185 Exhibit 101-01.003, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0024.

186 Exhibit 101-01.003, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0024.

187 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0137 [632].

188 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0137 [633].

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190 Exhibit 101-01.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0018 [43].

191 Exhibit 101-01.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0018 [42].

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193 Exhibit 101-01.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0023 [60].

194 Exhibit 101-01.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0023 [61].

195 Exhibit 101-01.004, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-269, DEF.9999.0190.0001 at 0022 [59].

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197 Exhibit M-01.040, Response to Questions on Notice, Natasha Fox, DVS.3333.0001.3353 at 3354.

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201 Exhibit 38-02.019, Attorney General's Department, Response to Notice to Produce, NTP-AGD-001, ONC.0000.0001.3114 at 3171.

202 Exhibit F.05.023, Department of Defence, Response to Notice to Produce, NTP-ACA-001, Defence operational mental health screening continuum, ACA.1001.0003.0640 at 0641.

203 Transcript, Sonya Bennett, Hearing Block 12, 21 March 2024, p 97-9876 [6–8].

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207 United States Defense Health Board Report, *Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Processes*, 7 August 2020, p 4.

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211 B Wadham and others, *Mapping Service and Transition to Self-Harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 78 (Exhibit F-01.061, DVS.0011.0001.1192).

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- 213 Exhibit 101-03.128, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-270, DEF.9999.0182.0001 at 0006.
- 214 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9736 [29-35].
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- 220 Exhibit 47-03.008, Hearing Block 6, Department of Defence, Response to Notice to Give, NTG-DEF-037, DEF.9999.0025.0008 at 0129 [597].
- 221 Exhibit M-01.035, Department of Defence, Response to Notice to Produce, NTG-DEF-291-02, DEF.1291.0002.0550 at 0550.
- 222 Exhibit M-01.035, Department of Defence, Response to Notice to Produce, NTG-DEF-291-02, DEF.1291.0002.0550 at 0550.
- 223 Exhibit 47-03.019, Hearing Block 6, Department of Defence, Response to Notice to Produce, NTP-DEF-048-01, DEF.1048.0004.6281 at 6281; Exhibit 47-03.020, Hearing Block 6, Department of Defence, Response to Notice to Produce, NTP-DEF-048-01, DEF.1048.0004.6287 at 6287.
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- 231 Exhibit 55-04.044, Hearing Block 8, Alisha Withers, Witness Statement, DEF.9999.0041.0127 at 0149; Exhibit 55-01.014, Hearing Block 8, Andrew Deacon, Witness Statement, DEF.9999.0041.0001 at 0009; Exhibit 55-01.007, Hearing Block 8, Gregory Frisina, Witness Statement, DEF.9999.0041.0097 at 0112.
- 232 Exhibit 55-01.006, Hearing Block 8, Department of Defence, Response to Notice to Give, NTG-DEF-025A, DEF.9999.0041.0069 at 0070; Exhibit 55-01.005, Hearing Block 8, Department of Defence, Response to Notice to Give, NTG-DEF-025C, DEF.9999.0022.0001 at 0004–0006; Exhibit 55-01.007, Hearing Block 8, Department of Defence, Response to Notice to Give, NTG-DEF-025B, DEF.9999.0041.0097 at 0112.
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- 247 Transcript, Julie Adams, Hearing Block 8, 1 December 2022, p 58-5718 [8–24]; Transcript, Darren Dolan, Hearing Block 8, 28 December 2022, p 55-5421 [15–26]; Transcript, Ben Wadham, Hearing Block 1, 29 November 2021, p 1-81 [10–15].
- 248 B Wadham and others, *Mapping Service and Transition to Self-Harm and Suicidality*, commissioned by the Royal Commission into Defence and Veteran Suicide, August 2023, p 140 (Exhibit F-01.061, DVS.0011.0001.1192).
- 249 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344 at 0460.
- 250 Exhibit 38-01.001, Hearing Block 5, Leonard Roberts-Smith, Response to Notice to Give, NTG-LRS-001, LRS.0001.0001.0001 at 0010 [80]; B Grey, *Report of the Review into Policies and Practices to Deal with Sexual Harassment and Sexual Offences at the Australian Defence Force Academy* 1998, pp 3-1–3-10 (Exhibit G-01.020, DEF.1192.0002.1176); GA Rumble and others, *Report of the Review of allegations of sexual and other abuse in Defence: Facing the problems of the past*, General findings and recommendations, October 2011, vol 1, pp 31–53 (Exhibit 17-03.017, Hearing Block 3, EXP.0003.0010.0319); Defence Abuse Response Taskforce, *Final Report* March 2016, pp 26–31 (Exhibit 16-01.015, Hearing Block 4, EXP.0003.0013.0053).
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## 4 Postings and deployments

### Summary

Postings and deployments are a large part of service life. They are the primary vehicles for Defence to build and apply its chief asset – its people – and a major source of both achievements and challenges for Australian Defence Force (ADF) members and their families.

This chapter is divided into two main sections: postings and deployments. These are distinct aspects of service life. Many members spend their entire career in the posting cycle and are never deployed; however, we have found some common themes between postings and deployments.

The ‘posting cycle’ is an administrative process that allocates members to a series of roles and locations to fill vacancies. Moving members through postings is also a mechanism to replenish the workforce and build the next generation of leaders.

This can be an opportunity for personal and professional development. However, the regular relocation of members and their families can raise issues related to partner employment; the schooling of children and access to childcare; and the gradual erosion of friendships and connections outside Defence. Defence recognises that frequent relocations can indirectly increase suicide risk by increasing stress, creating instability in social support networks, and introducing financial strain.<sup>1</sup>

We are concerned that posting decisions are made with inadequate regard for the needs and interests of members and their families, and there is not enough support to mitigate the known impacts of regular relocation and posting to remote locations.

The posting cycle has typically been viewed as a conflict between operational capability and individual wellbeing, where efforts to respond to member needs, preferences and circumstances risk undermining the mission. This perception does not align with the evidence before us, and it acts as a barrier to change.

Members are deployed away from their usual posting for a period to achieve a specified purpose. This covers a broad range of activities, from operational deployment in a conflict zone, to peacekeeping missions, disaster relief and training exercises.

Deployments are by their nature challenging, as members are away from their family; work extended hours in conditions that may be hazardous; may undergo sleep and food deprivation; and can experience and be exposed to others’ trauma through the horrors of war.<sup>2</sup>

Our research, presented in Chapter 1, Understanding suicide, found that ex-serving men who served in combat and security roles in the permanent forces and who were deployed where there was direct or indirect risk of harm have an increased

risk of suicide. Combat exposure has historically been linked to poor mental health outcomes,<sup>3</sup> and mental disorder is a known significant risk factor for suicidal ideation and death by suicide.<sup>4</sup> These effects can take many years to surface.

We accept that military service has inherent risks. But we are concerned the ADF is failing to moderate and mitigate these risks effectively. Through the use of waivers, members can be deployed even when they are found to be medically unfit. Post-deployment supports and respite are applied inconsistently, and for some members, they are insufficient to process the stressors experienced on deployment in a healthy way and reintegrate with home life.

Delivering operational capability at the cost of member health and wellbeing is not sustainable. For some, the disruption caused by the posting cycle and the stress it places on families is a significant factor in their decision to leave service.<sup>5</sup> Rushing members, especially those in leadership positions, through postings to increase 'throughput' does not support strategic capability. A workforce that is fatigued, burnt out and unable to reintegrate following deployment cannot perform at its best. We urge Defence to take a longer-term view.

We recommend that Defence build the capacity of career managers to engage meaningfully with and address member needs and interests when making posting decisions. We also recommend that Defence take steps to mitigate the adverse impacts of the posting cycle on members and their families, including reducing the frequency of relocations.

To mitigate the potential adverse impacts of deployments, we recommend that Defence improve post-deployment supports for members and their families to address the psychosocial aspects of reintegration and implement a structured and comprehensive approach to respite that addresses fatigue across the ADF workforce.



## 4.1 Introduction to postings

1. A requirement of permanent service for the majority of Australian Defence Force (ADF) members is to be posted regularly to a new role (for many, it is every 2 to 3 years), which often means moving to a new location.<sup>6</sup> This may include postings in locations that are not personally or professionally desirable. The ADF posts members to such roles to meet capability requirements determined by the Chief of the Defence Force and service chiefs.<sup>7</sup>
2. In this chapter, we consider how the Defence posting cycle contributes to operational capability and affects the health and wellbeing of members and their families. We aim to disentangle the operational necessity of the posting cycle from stressors around postings that we believe are not inherent to the core business of the ADF, are modifiable and should, as a matter of priority, be reduced and mitigated.
3. The posting cycle is necessary to Defence's structure and operations, and it can have benefits for members, as it allows them to build skills and experience, and access career opportunities. However, it can also create upheaval that adversely affects the wellbeing of members and their families.<sup>8</sup> Frequent relocations can affect the employment opportunities of the serving member's spouse and the continuity of their children's education, challenge access to childcare, and disrupt social connections.
4. For some, these difficulties and the stress they place on members and their families are significant factors in decisions to leave service.<sup>9</sup> We discuss the drivers of separation further in Chapter 6, Retention issues and voluntary separation.
5. The stressors associated with the posting cycle are important because they can contribute to the risk of suicide and suicidality during and after service life. Research in the United States indicates '[f]requent moves can indirectly increase suicide risk by increasing stress, creating instability in social support networks, and introducing financial strain'.<sup>10</sup>
6. An additional issue is the particular stress that the posting cycle can place on the spouses and children of serving members; the unfortunate reality is that many Defence marriages and committed relationships break down. Relationship instability or breakdown has been identified as a risk factor for suicide and suicidality.<sup>11</sup> Conversely, social connection is a protective factor, which Defence should seek to strengthen.<sup>12</sup>
7. In this chapter, we examine how posting decisions are made by career managers, and the influence of military culture that privileges the needs of the organisation over the needs of the individual.
8. We identify opportunities for Defence to better engage with and respond to member needs and preferences. This includes using existing frameworks to support flexibility as members' circumstances change, such as following the birth of a child, the loss of a family member or a change in spouse employment. There is also scope to improve supports to mitigate the impacts of the posting cycle on members and their families.

9. We also highlight the need to improve the capacity and resourcing of career managers to spend time with and listen to member needs and preferences. This should include a trauma-informed approach for vulnerable individuals. To date, Defence has under-invested in this function.
10. Updating the assumptions and processes that underpin the posting cycle to ensure it better accommodates member needs and preferences is a win-win scenario for Defence. It will reduce the adverse impacts on members and their families, and it will also support recruitment and retention at a time when Defence is facing significant workforce challenges.<sup>13</sup> There does not need to be a trade-off between operational capability and the wellbeing of individual members and their families. A more balanced approach to postings is essential if Defence is to grow its workforce in a sustainable way and retain its talent.

#### 4.1.1 What is a posting?

11. The ADF manages its personnel through postings. The 'posting cycle', referred to in section 4.1, is an administrative process by which the ADF allocates personnel to fill positions that enable it to fulfil its assigned functions, roles and tasks.<sup>14</sup> Postings are used to fill vacancies and rotate members through operational, staff and training appointments.<sup>15</sup>
12. There are three main categories of posting:
  - 'Operational postings' are based on a member's employment classification, rank or skills.
  - 'Training postings' refer to postings in which members undertake training and professional development.
  - 'Staff postings' (or 'administrative postings') is a category of posting used for management and tracking purposes that includes when a member is on personal leave, when a member is transitioning or when a member's employment classification is downgraded to Temporarily Non-Effective (MEC J34) while they remain substantively posted to their parent unit.<sup>16</sup> We discuss this in Chapter 5, The military employment classification system and medical separation.<sup>17</sup>
13. Posting locations may be remote, domestic or overseas.<sup>18</sup> Members on remote postings are eligible for additional allowances.<sup>19</sup>



14. Postings occur within a policy framework established by the Defence Military Personnel Manual. A key aspect of this is the ADF Total Workforce System. Established in 2016, the ADF Total Workforce System provides a single view of roles across the three services and the different ways in which to serve, including in the permanent and reserve forces. It aims to improve career flexibility for the ADF workforce while helping Defence 'to achieve strategic flexibility through the ability to formulate different workforce mixes to deliver the right force, in the right place, at the right time'.<sup>20</sup> The ADF Total Workforce System comprises several elements:
- a structure that enables mobility in order to secure personnel contributions to Defence capability
  - systems that ensure timely access to personnel, facilitate their development and enable integration
  - a Defence Employment Offer that is attractive and retains personnel.<sup>21</sup>

## 4.2 Postings are used to build operational capability

15. Postings build capability at both an organisational and individual level. Defence told us that members are posted 'to fill vacancies', 'to rotate members through operational, staff and training appointments' and 'to ensure the provision of capability in accordance with the requirements of the CDF [Chief of the Defence Force] and Service Chiefs'.<sup>22</sup>
16. For members, postings are part of career progression that broaden their 'experience and enhance their employability and promotion prospects'.<sup>23</sup> Brigadier Andrew Moss AM CSM, Director General of Career Management in the Army, described how the Defence Military Personnel Manual details what experiences members need to proceed to the next rank:

You might say, 'As a soldier, I'm exposed to what happens at a section level', and then you might progress up to corporal within your unit, where you are in charge of that section. There is then a point where the organisation needs to develop the next group of people or recruits coming through, so I would say to that corporal, 'Corporal, I think there is value in you going to the training institution' to train the next set of recruits who are coming in, and not only that, developing the next set of people from a capability perspective, bringing them into the system. It's also making that individual or giving that individual an opportunity to lead, develop, grow from a training perspective, which is a skill set that they will need at a more senior rank, so that's when they are in a training job.<sup>24</sup>

17. A member *can* choose to ‘get off the posting cycle’, but we have heard that this may come at a cost to their career development.<sup>25</sup> Brigadier Moss reflected on the choice made by some people to stay in one location for what he called an ‘extraordinary’ period:

that is most likely to come at an – impact to ... opportunities for developmental roles that they would otherwise have filled in Canberra, Sydney, et cetera. So when they then compete with our peers who have had more exposure or experiences, it makes them less competitive, and they do that through personal choice.<sup>26</sup>

18. In Chapter 7, Culture and leadership, we discuss how the culture of the ADF tends to be ‘up or out’ where members must keep moving up in the ranks or be deemed not suited to serve. In the context of postings, Brigadier Moss indicated that this was a matter of individual preference. He said:

success for one serving member might be enjoying their job at the major rank for a significant period of time ... where they are providing a really valuable contribution to Defence.<sup>27</sup>

19. Brigadier Moss went on to say, ‘as long as they are comfortable with that, they could probably provide themselves some stability through that personal choice’.<sup>28</sup> This suggests that members who need or want stability in their employment type or location must accept their career prospects being limited.

### 4.2.1 Making decisions about postings

20. Defence provided information to the Royal Commission detailing how posting decisions are made across the three services. Posting decisions are made by career managers, who used to belong to one of the three services but who have been brought together into a central personnel management function by the Chief of Personnel.<sup>29</sup> As such, we do not know how this may affect the policy settings we describe in this section.

21. In making posting decisions, ADF policy requires that the following three priorities be met and balanced as far as possible:

- (a) **ADF and Service requirement.** The primary requirement to satisfy the capability needs of the Service by filling positions with suitably qualified Defence members at the appropriate time.
- (b) **Career development.** The provision of a range of courses and postings that broaden a Defence member’s experience and enhance employability and promotion prospects.
- (c) **Personal preference.** A Defence member’s preference for the type, locality and timing of the posting to suit personal aspirations and family circumstances.<sup>30</sup>

22. Achieving and maintaining this balance for the hundreds of members each career manager ostensibly manages is a challenge. Air Commodore Karen Ashworth CSC, Director General of Personnel, Air Force, told us that there is an inherent tension between the organisational imperative of ensuring ADF capability and meeting individual needs.<sup>31</sup> Each of the three services have sought to achieve this balance in different ways.
23. In the Army, posting decisions ‘must first support the capability needs of the Army and the ADF’.<sup>32</sup> Where capability need can be met, decisions on when and where to post ‘should next support the development of Army’s next generation of officers and soldiers to grow future capability’.<sup>33</sup> The organisational requirement to ‘ensur[e] the right person, is in the right job, at the right time’ is also considered.<sup>34</sup> As to personal preferences, career managers are told that:
- there will be times in which personal preference or circumstance is afforded a greater priority in decision making. In these cases, decision making will preserve the capability by acting to support important personal circumstances for members and their families.<sup>35</sup>
24. Brigadier Moss did not agree that a conflict between organisational imperatives and individual needs will always be resolved in favour of Defence. Brigadier Moss argued that organisational need, development of the individual and individual needs and preferences form a triangle. He said:
- within that construct, if you are not meeting the individual need, at [a] point of time they might leave ... Defence is currently in an environment where we need to retain our personnel. So, as career managers, we are balancing the individual need, in fact, weighting it more heavily at the moment than the organisational need, from a longitudinal perspective to make sure we have the right people at the right point of time.<sup>36</sup>
25. Air Force posting decisions ‘consider the enterprise capability requirements, the professional development of the member, and the member’s personal circumstances’.<sup>37</sup> Postings are primarily used to ‘fill priority vacancies and address defined capability requirements’. Individual needs and preferences will ‘influence’ posting decisions and ‘in very rare circumstances may even temporarily outweigh capability needs’.<sup>38</sup>
26. Commenting on this balancing exercise, Air Commodore Ashworth said ‘we’ve always tried to find a mutually acceptable outcome for all parties’ and described a process of negotiation with the member:
- when we wind up in a situation where we can’t find something that is mutually acceptable, we often talk about, ‘Okay, so we need someone with your skill set, perhaps in this location at this time, but afterwards, we will be able to give you a posting back to that location ...’<sup>39</sup>
27. We do not have any evidence as to how often a mutually acceptable outcome is achieved.

28. In the Navy, service need and capability development are prioritised over personal preferences.<sup>40</sup> Posting decisions ‘must first support the requirements of the Navy and Navy capability’.<sup>41</sup> Where the service requirement can be met, career managers are instructed to make posting decisions that ‘support the development of Navy’s leaders and specialists’.<sup>42</sup> It is only where both of these requirements have already been achieved that:

career management decisions can and should address the personal circumstances of each member. Emphasis in decision making will be to preserve the capability by acting to support important personal milestones for members and their families.<sup>43</sup>

29. Commodore Eric Young CSC RAN, Director General, Navy People, suggested that the ‘pendulum’ between organisational and individual needs has been ‘a bit on the organisation side’ and ‘focused more on achieving outcomes than focusing on the people’.<sup>44</sup> He gave evidence that he has asked his team to ‘put the priority on the individual’ so that career managers:

ensure our people have been heard. Where they can consider and achieve the requirement of the individual, they do, but where they can’t, that they explain why they can’t, because, at the end of the day, they might need to then deploy somewhere or to be posted somewhere to meet the capital that we need.<sup>45</sup>

30. However, Commodore Young confirmed this does not necessarily mean career managers will be able to satisfy member ‘needs and desires’.<sup>46</sup>
31. Health is one aspect of member needs and preferences. However, career managers do not have access to member medical records. The only way they would know if a member had a medical concern relevant to a posting decision would be if the member had a military employment classification (MEC) and/or employment restrictions indicating that the posting may not be suitable.<sup>47</sup>

## Obtaining member input

32. At any time, a member can submit a career development plan that outlines their personal or professional aspirations and identifies preferred postings or locations.<sup>48</sup> This preference is factored into the decision-making process ‘with the posting also needing to meet capability requirements, noting some geographical locations or roles may be more or less popular than others’.<sup>49</sup>
33. Career managers engage with capability managers and/or the supervisory chain for each position to determine and help deliver capability requirements. Any personal request or career aspiration submitted by a member will be reviewed by a career manager against the capability requirements.<sup>50</sup>

34. It is unknown to what extent members' preferences expressed in their career development plans are reflected in posting decisions. At present, data from career development plans is not held in a database that enables historic monitoring. However, Air Commodore Ashworth told us that Defence is working on a tri-service, standardised performance appraisal form and joint career development plan to be held in a central information technology system. It is estimated the new system will be operational by 2025.<sup>51</sup>

## 4.2.2 Having a posting decision reviewed

35. Other than making a request on compassionate grounds or submitting a redress of grievance, there are few formal oversight mechanisms relevant to members seeking to challenge a posting decision.

### Internal reviews and decisions made on compassionate grounds

36. In the Army, a member who is unwilling to accept a posting should speak with their chain of command and career manager in the first instance. If this does not resolve the matter, they may submit a written application for reposting, providing reasons.<sup>52</sup>
37. A member may request a 'compassionate posting' to a given location for compassionate reasons or exceptional personal circumstances.<sup>53</sup> Brigadier Moss told us the Army granted 89 compassionate postings in 2022.<sup>54</sup>
38. In the Air Force, there is no formal process by which posting decisions are reviewed. Members are encouraged to discuss their concerns with their career manager.<sup>55</sup> Air Commodore Ashworth agreed this approach to internal review might be described as 'idiosyncratic'.<sup>56</sup> She said that a member may pursue a redress of grievance but indicated that this would be considered an extreme response.<sup>57</sup>
39. In the Navy, members 'can question their posting and request to not be posted to a particular position' through their career manager.<sup>58</sup> If the career manager maintains their original decision, the member may 'seek further review through their command or other support organisations', including 'the Divisional System, Psychologists, Chaplains and DMFS [Defence Member and Family Support]'.<sup>59</sup>
40. However, we do not believe that these other parties have any decision-making powers in relation to postings. Commodore Young confirmed that psychologists and chaplains simply offered information to inform a review of the decision.<sup>60</sup>
41. We heard evidence that in 2022, 74 postings on compassionate grounds had been granted in the Navy.<sup>61</sup> Commodore Young explained that:

where there is an individual circumstance that would necessitate us to review the decision in the circumstance of either psychological, medical or family support, they can go through the divisional system, get a psychological review from Defence Member Family Services, and then bring that to the career management agency.<sup>62</sup>

## Redress of grievance

42. A member may submit a formal redress of grievance through their chain of command under the *Defence Regulation 2016* (Cth) if they ‘suspect ... a failure of posting process’.<sup>63</sup>
43. Decisions about a complainant’s career, including posting decisions, comprised 39% of the 226 redress of grievances closed in 2021/22.<sup>64</sup> The average time taken to finalise a complaint was 133 days, and 20% of the complaints were partially or fully upheld (that is, decided in the member’s favour).<sup>65</sup> Just over half of the complaints (51%) were found to have no merit.<sup>66</sup>
44. Commodore Young told us he uses data on redress of grievance as a personal metric of success and ‘a lead indicator as to whether we think there’s a widespread systemic issue ... or ... localised personal issues’.<sup>67</sup>
45. In the Navy, four redress-of-grievance applications were submitted in relation to 1,200 posting decisions in 2022.<sup>68</sup> Commodore Young was not aware of the content or outcome of these appeals, but he concluded by the small number that there was not a ‘widespread systemic issue’.<sup>69</sup>
46. We consider the effectiveness of the redress of grievance process in Chapter 12, Role and functions of the Inspector-General of the ADF.

## 4.3 The impact of postings on members and their families

47. For some members, being relocated to a new posting can be a time of excitement, anticipation and opportunity. For others, it can be a period of great stress and uncertainty, the impacts of which are deeply felt and can extend beyond the member to their family, friends and community. Relocations can entail sweeping and, for some, unwanted change – a new role, a new home, and a new healthcare provider – and for the spouse and children of members, a new job and a new school.
48. In this section, we set out the evidence we have heard about the stressors associated with the posting cycle from serving and ex-serving members with lived experience of it, as well as from Defence witnesses. The consistent themes of that evidence were:
  - that geographic instability is very challenging and often significantly affected members and their families
  - that maintaining a resilient family unit is absolutely critical to the wellbeing of those who serve.
49. In Chapter 27, Importance of families, we explore the impact of the posting cycle and deployments on families, including issues related to partner employment, schooling for children, a lack of access to childcare and the gradual erosion of friendships and



connections outside Defence. In addition to this disruption, the children of serving members may have to navigate prolonged separation from a serving parent who is away on a posting or deployment.

50. In public hearings and in submissions from Defence members and their partners, we repeatedly heard about the challenges experienced as a result of regular relocations.

It is a hugely stressful time. Stressful time for you, and stressful time for your family. It means as well that family, children, partners don't get the opportunity to work or establish connections with the civilian community. So, things like sporting activities, hobbies, interests, all have to be abandoned because of the regular nature of postings or the disruptiveness of the postings.<sup>70</sup>

The issue is not only the frequent moves with the associated challenges of changing of schools and uplifting our lives, but almost worse is the sense of instability, poor predictability and no sense of control. We have been unable to plan ahead or predict when our next relocation will be, which impacts our mental wellbeing, our community engagement and our sense of satisfaction and engagement with our roles within Defence.<sup>71</sup>

In 10 years I have moved three times. I have had to leave two excellent jobs to find new work. I have had to leave family and friends, make new friends, leave and make new friends, leave and make new friends. This story is common amongst Defence members and particularly their partners, who don't have the ready built networks that can exist within Defence.<sup>72</sup>

51. These issues are well known to Defence. In 2000, a representative survey of the ADF population revealed that just over half of respondents (51.2%) agreed or strongly agreed that postings have a negative impact on their spouse's employment.<sup>73</sup> Fairly substantial proportions of respondents also indicated that postings have negative impacts on their family (42.8%), their children's education (32.8%) and their future desire to serve (34.6%).<sup>74</sup>
52. The survey also tested support for back-to-back postings in the same location. Almost two-thirds of respondents believed that back-to-back postings would have a positive or highly positive effect on their partner's career (65.4%) and their children's education (66.5%). Almost half (49.7%) thought that having two consecutive postings in the same location would have a positive or highly positive effect on their opportunities for skill development.<sup>75</sup>
53. Then Chief of the Defence Force, General Angus Campbell AO DSC, told us:
- moving in a posting ... is a stressor and it has long been a stressor. That's true of the wider Australian community; it is more so of Defence, where the movements are more frequent and those movements are directed – and to the degree possible, they are preferred, but they are directed.<sup>76</sup>

54. General Campbell acknowledged that housing instability, financial strain arising from a partner's employment instability and a lack of schooling continuity are stressors associated with the posting cycle.<sup>77</sup> General Campbell and the Chief of Army, Lieutenant General Simon Stuart AO DSC also indicated that these stressors can contribute to relationship stress, which is a risk factor for suicide and suicidality.<sup>78</sup>

### 4.3.1 How long is a posting?

55. The length of members' postings varies according to their service and employment group.
56. In the Army, postings are typically 2 to 3 years '[w]here possible, and when desired by members and the organisation'.<sup>79</sup> Defence told us that '[a]necdotally' most Army members receive 'two consecutive postings in the one geographic location',<sup>80</sup> however, this does not happen as a matter of course.<sup>81</sup>
57. In the 2022 posting cycle, 60% of the Army workforce stayed in the same location. Most key appointments in the Army, such as unit command, sub-unit command and sergeant major, and overseas postings, have a tenure of 2 years.<sup>82</sup>
58. The Army is currently trialling longer tenures.<sup>83</sup> Brigadier Moss said the majority of the Army workforce is posted every one to 3 years and 'only a very small number' are posted for 4 years or more. However, he clarified that this 'doesn't equate to geographic stability'.<sup>84</sup>
59. Brigadier Moss explained that the regularity of postings is intended to support individual development via a 'throughput' in a system where recruits start 'at the bottom of the workforce' and move up. He warned that to 'elongate' the posting cycle would slow the ADF's ability to 'grow mass quickly when we need to achieve a capability effect'.<sup>85</sup>
60. Similarly, the standard length of an Air Force posting is 3 years, but this may vary.<sup>86</sup> For example, a member's first posting after aviation technical workforce training will be 6 years.<sup>87</sup> In contrast, command postings in the Air Force are generally 2 years with a possible 12-month extension to meet capability needs.<sup>88</sup> Personal staff officer and Australian Defence College postings are typically 12 months.<sup>89</sup>
61. Where 'reasonably achievable', the Air Force 'will strive' to give members back-to-back postings in a single location.<sup>90</sup> Excluding certain employment categories (for example, junior airmen technicians, airmen aircrew and junior officer aircrew), long-term locational stability 'should not be assumed' by Air Force members.<sup>91</sup>
62. Defence said that the Air Force posting cycle is driven by the need to build capability, move members through the Air Force hierarchy and fill vacant positions.<sup>92</sup> Air Commodore Ashworth suggested this approach 'developed organically over time'.<sup>93</sup> She noted that postings at remote locations are sometimes shorter because they are less desirable.<sup>94</sup>

63. Air Marshal Robert Chipman AO CSC, then Chief of Air Force, reflected on the issue of geographic stability, saying:

There's certainly room for improvement. We already do things like back-to-back postings in ... desirable locations like Amberley and Williamstown to give more stability for families. We already offer a RAAF [Royal Australian Air Force] individual posting agreement when our members are posted to remote locations, where there's a pre-agreement that they will come back to a specific role at a specific location. So there are a number of measures where we try and mitigate the stress of moving to remote locations but it ... doesn't remove that stress from occurring.<sup>95</sup>

64. Unlike the Army and Air Force, the Navy does not have a defined posting cycle. Defence indicated that this is because Navy postings are 'governed by the overarching requirement that personnel need to be posted to fill positions to enable the Navy and the ADF to fulfil its assigned functions, roles and tasks'.<sup>96</sup>
65. Instead, Defence told us that Navy members 'will be posted to a variety of roles, with differing posting timeframes and milestones, depending on operational requirements, career continuums, and other considerations'.<sup>97</sup>
66. The Navy does not hold data on how many postings are back to back. Commodore Young advised that each year, there are 'nearly 12,000 postings and nearly 5,000 relocations' and about 40% of the Navy workforce are relocated.<sup>98</sup>
67. In all three services, members may be required to accept a posting at short notice.<sup>99</sup> Defence stated that in the Army and Air Force 'members are engaged as early as possible' when posting at short notice occurs.<sup>100</sup> In the Navy, short notice is defined as 28 days, and posting at short notice is not impeded by 'family care requirements, civil schooling, spouse employment or legal matters'.<sup>101</sup>

### 4.3.2 Constant change can impact member wellbeing

68. We heard evidence from a range of ex-serving members and experts about the impact of constant change as a result of the posting cycle.
69. Dr Daniel Mealey is a fifth-generation Army member, who gave evidence about his experience as a child in an Australian military family and a former Army doctor.<sup>102</sup> He told us:

I felt that [in] each progressive uplift or relocation, a piece of my 'self' was left behind; and ... as an Army 'brat' who later joined the Defence Force, like my family members before me, I felt like I had no 'self' left by the time I took off my uniform for the last time.<sup>103</sup>

70. Another ex-serving member told us that while his 'postings were often enjoyable and edifying' on many occasions he was presented with a posting opportunity that had to be accepted within a very short timeframe.<sup>104</sup> He said that this placed significant pressure on his family.<sup>105</sup>
71. On one occasion, he had been given less than 24 hours to accept an overseas posting.<sup>106</sup> Weeks before the end of that posting, his career manager had not been able to confirm his subsequent posting location, so he decided to apply for a vacancy that would guarantee housing, schooling and his wife's employment.<sup>107</sup> He told us his career manager said it would be a 'career-ending decision'.<sup>108</sup>
72. These personal experiences resonate with the evidence of Associate Professor David Mitchell, Chief Psychiatrist of the Northern Territory.<sup>109</sup> Associate Professor Mitchell was a commissioned officer and medical officer in the Air Force and has clinical experience working with ADF members.<sup>110</sup> He identified the 'social displacement caused by the posting cycle' as one of the inherent hardships of military life with the potential to impact on members' mental health and wellbeing. Associate Professor Mitchell said:
- This forces the member and their family to adopt new roles, jobs, schools and community connections. It is a process that is unsettling and after several posting cycles can be quite isolating.<sup>111</sup>
73. He explained that the social displacement can be 'experienced as a form of trauma' that can trigger or contribute to existing mental health issues. The degree to which existing vulnerabilities are triggered depends on 'the history and vulnerability of the member, the magnitude of the traumatic experience and the period of time over which the member is exposed to the traumatic experience'.<sup>112</sup>
74. Associate Professor Mitchell emphasised that many of the stresses experienced by members are also borne by their family who themselves would benefit from targeted support.<sup>113</sup> He said:
- The posting cycle requires the member's family to move to a new location, regularly. Maintaining a family unit against the backdrop of the posting cycle creates a number of challenges, including the need for children to change schools every 2–3 years, limited employment opportunities for spouses and social disconnection. It has the potential to leave the family of serving members feeling isolated and detached from their communities.<sup>114</sup>
75. This is true for families who accompany members on postings and experience the stress of relocation, as well as families who are separated from their loved ones for extended periods when they post to a new location alone.

76. Mr David Moorcroft, a clinical psychologist who treats ADF members and veterans, told us about the possible effects of repeated postings on children, particularly the strength of the attachment relationship with their serving parent, stating:

An ADF service career often creates discontinuities in the presence of the member, in the parenting of their offspring. The impact of the absences will likely differ depending upon the developmental stage of the children involved. Repeated absences, for long periods may have an accumulating impact upon the attachment relationships in that family.<sup>115</sup>

77. Dr Angela Maguire, Principal Research Fellow at the Gallipoli Medical Research Foundation, gave evidence about research into the disruption of the family system that can be an effect of service life. Dr Maguire told us that 'military families are exposed to a combination of risks ... [that] they don't share with civilian families', including:

cultural differences relating to military culture, veterans' repeated work-related absence from the family system and adjustments within the family systems to accommodate those absences, periodic work-related residential relocations due to postings, relatively high rates of occupational exposure to trauma and relatively high rates of work-related injury and illness.<sup>116</sup>

78. She said that while many of those risks are an unavoidable part of service life, 'there is reliable evidence to suggest that the employment experiences of military personnel spill over to affect the health and wellbeing of their family members'.<sup>117</sup> This can lead to relationship breakdown, which is a risk factor for suicide and suicidality.<sup>118</sup>

79. We also heard evidence about the benefits of geographic stability for members and their families. A Deputy Commander of the Special Air Service Regiment expressed the view that 'the resilience of the family unit underpins the resilience of serving members'. He argued that:

providing posting stability for Support Staff through longer postings in the same geographic location would promote longevity [of a member's career]. Extended posting tenures or posting assurance (a formal agreement to post a member back to the unit in the future) offer the chance for families to establish long-term relationships/friendships and support mechanisms, both inside and outside of the Defence community.<sup>119</sup>

80. Members posted to remote locations may experience particular difficulties. Squadron Leader Kenneth Edwards CSC and Squadron Leader Victoria Dews, Health Centre Manager at Tindal Health Centre both told us that families were challenged by the limited education and specialist health services available in remote communities such as Katherine.<sup>120</sup> Squadron Leader Dews said it was difficult to provide continuity of care and families faced extended wait times and had to travel for specialist services.<sup>121</sup>

81. Each member and their family are unique and will have different experiences of service life in a remote location. In a statement, Air Force Warrant Officer Anthony Hordern suggested that 'most members adapt to the remote location and isolation from families (extended or otherwise) very quickly'.<sup>122</sup>
82. Dr Mary Frost, a psychiatrist with extensive experience working with Northern Territory military and veteran members, concluded that 'the isolation and the remoteness [of the Northern Territory] has a major impact' on families, but those who have been able to maintain a connection with their broader family network during a remote posting will be best placed to move on to the next stage in the cycle.<sup>123</sup>
83. Under new governance arrangements, the Chief of Personnel, Lieutenant General Natasha Fox AO CSC, oversees the career management function of the ADF. She told us that she is working to 'minimise disruption where circumstances require it'.<sup>124</sup> She also acknowledged there are:

stressors associated with posting that I think we should look at, and one of them is beyond my control, and it is having schools recognise when military families post ... I would like to see education departments accept military families and children into schools without an address ... the schools recognise the children of military families, Defence can lean in and co-sponsor transition aids with schools that then provide other support mechanisms and help build that resilience ...<sup>125</sup>

### 4.3.3 Defence has not adequately addressed the impact of posting turbulence

84. The impact of the posting cycle on members and their families has been identified as a key driver of voluntary separations. When members leave, they are asked to complete the YourSay ADF Exit Survey. This survey identified 'current location (how much a posting would impact your family)' as one of the top 10 reasons members decided to leave the ADF in 2021 and 2022.<sup>126</sup> 'Location stability (how often you relocated homes)' ranked ninth in 2022 and 'the impact of military life on my family' ranked fifth in 2021.<sup>127</sup>
85. Defence acknowledges posting turbulence is a stressor for members and their families:

Defence members and their families will normally experience numerous moves between different localities during their career. Such relocations can have a disruptive effect on family life, particularly in regard to a child's education and the employment/career prospects for spouses/partners. Similarly, members of the Navy, Ship's Army Detachments and member[s] of the Amphibious Response Element will, from time to time, be obliged to serve at sea, which can also have an effect on a member's career, personal and family circumstances.<sup>128</sup>
86. Despite this, Defence said there were 'no specific surveys, evaluations or reports about postings' from 2017 to 2023.<sup>129</sup> Similarly, Defence has not undertaken any research on the psychological risks or psychosocial hazards associated with postings.<sup>130</sup> When asked to identify any such studies, Defence responded that studies had only been



undertaken on the challenges and potential impacts of deployment on members and their families and that there may be some similarities between the psychological risks or psychosocial hazards, and the challenges and potential impacts of deployment.<sup>131</sup> This is a significant gap, which can only hamper efforts made by Defence to support members and their families to manage the adverse impacts of the posting cycle and their potential contribution to the risk and protective factors for suicide.

87. There appears to be no comprehensive Defence metrics on the impact of postings (or time away from home) on members and their families' mental health, wellbeing and suicide.
88. In the United States, the posting cycle was examined as part of a broader review by the Suicide Prevention and Response Independent Review Committee, *Preventing Suicide in the U.S. Military*. The review found:

An institutional practice that serves as a common source of stress for many military personnel and families is frequent PCSs [relocations] that typically occur every 2–4 years. Frequent moves can indirectly increase suicide risk by increasing stress, creating instability in social support networks, and introducing financial strain.<sup>132</sup>

89. Commodore Young, Brigadier Moss and Air Commodore Ashworth unanimously accepted that frequent relocations in the Australian military can 'indirectly increase suicide risk by increasing stress, creating instability in social support networks, and introducing financial strain'.<sup>133</sup>
90. However, when asked whether it would be sensible for Defence to examine the issue of posting turbulence systematically, as the United States military has done, Air Commodore Ashworth responded, 'I think we are aware of those stressors already',<sup>134</sup> though research 'could be helpful perhaps for more nuance'.<sup>135</sup> She said, 'we are already aware that a relocation is a stressful time for anyone'.<sup>136</sup>
91. Commodore Young said he was aware of the study, as well as research on the Defence community in the United Kingdom and Canada. He continued:

When a family relocates, education support for children, inability to access child care, partner employment, the separation of the actual deployment from the member, these things are well understood, and in a very ideal world we'd never make anyone relocate.

...

I would always say that extra study and extra awareness is always excellent. I think that we understand what the issues are in relation to the relocations; the question, I think, that would be better asked is, are we doing enough to support members and their families when they are required to relocate?<sup>137</sup>

92. In our view, the answer to the question posed by Commodore Young is 'no'. There is more Defence could do to support members and their families in the posting cycle.

## 4.4 Opportunities to respond better to the needs of members and their families

93. In this section, we identify a number of opportunities for Defence to be more flexible and respond better to the needs of members and their families when making decisions about postings. Any decisions should include consideration of:
- the frequency of relocation
  - access to health, education, childcare and other essential services, especially where the family requires specialist services
  - partner employment opportunities
  - access to family support and social connection inside and outside Defence
  - career development
  - psychosocial factors, such as exposure to trauma and exposure to unacceptable behaviour.
94. The management of personnel within Defence is going through a period of transition. In June 2023, the then Chief of the Defence Force and Secretary of Defence issued a joint directive to centralise ‘the ADF’s personnel management into a single integrated system to be led by a Chief of Personnel’ who would report directly to the Chief of the Defence Force.<sup>138</sup> Under the new single integrated system, the Chief of Personnel directs, manages, coordinates and delivers the military personnel system.<sup>139</sup>
95. Defence is exploring a number of avenues to reduce the stress of postings for members and their families and retain members who might otherwise find themselves forced to choose between their family and the ADF.
96. The introduction of a single ADF personnel management system under the direction of the new Chief of Personnel is an opportunity to break down historic siloes, share best practice across the three services and realise the potential flexibility offered by policy frameworks such as the Total Workforce System. It is also an opportunity to
- improve the quality and timeliness of supports
  - mitigate the effects of posting turbulence on members and their families
  - improve the capacity of career managers to engage in a meaningful way with members.
97. Lieutenant General Fox was asked what success would look like when personnel management functions are integrated under her leadership. She said any such success would require improved trust in career management, appropriate supports for a career in the military, members who are trained and remunerated for their role, and a safe working environment.<sup>140</sup>

## 4.4.1 Build the capacity of career managers to engage meaningfully with members

98. Career managers play a critical role in the ADF. When making decisions about postings, they exercise a significant influence over the careers of ADF members, and the health and wellbeing of members and their families. To better support career managers to fulfil their role, steps could be taken to:
- reduce their case load
  - improve their training
  - establish assurance systems to monitor their performance.
99. Lieutenant General Fox said the principal challenges for career management agencies are ‘workforce shortages, career development, [and] the challenges of developing professional mastery with the posting cycles that we have’.<sup>141</sup>

## Resourcing

100. There are considerable demands on career managers, who are each required to manage a large portfolio of clients.<sup>142</sup> In our view, the number of career managers to serving members is insufficient. Table 4.1 sets out the number of members that career managers are required to manage in each service.

**Table 4.1 Ratio of career managers to members**

Service	Number of career managers	Number of members	Ratio
Navy	61	15,059 SERCAT 6 to SERCAT 7 Navy members up to and including the rank of commander	1:246
Navy	1	253 SERCAT 6 to SERCAT 7 Navy members from the rank of captain and above	1:253
Army	81	30,799 SERCAT 5 to SERCAT 7 Army members up to and including the rank of regimental sergeant major	1:380
Army	60	6,624 SERCAT 5 to SERCAT 7 Army members from the rank of captain and above	1:110
Air Force	60	18,933 SERCAT 3 to SERCAT 7 aviators up to and including the rank of wing commander	1:315
Air Force	4	562 SERCAT 3 to SERCAT 7 aviators from the rank of group captain and above	1:140

Note: ‘SERCAT’ means ‘Service Category’. A list of the different service categories is provided in Annexure 5.1.

Source: Exhibit 68-02.003, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-172, DEF.9999.0104.0009 at 0011 [10], 0012 [15], 0015 [20].

101. The Army and Air Force each have a defined 'career management cycle' with distinct phases and times of year where career managers engage with members about postings on an 'as-required' basis.<sup>143</sup> In the Navy, once members are part of the trained force, they are engaged by their career manager 'at least once in every posting cycle'.<sup>144</sup> The Navy holds 'roadshows' where career managers travel to key posting locations and bases to engage their workgroups.<sup>145</sup>

102. Although they do not contribute to decision-making around postings, members are expected to contribute to the career planning process. Commodore Young told us 'there is a responsibility on individuals to manage their own career' by understanding the system, what they want and need to do and bringing recommendations to their career manager.<sup>146</sup>

103. Career managers have little time to spend with individual members. Brigadier Moss told us that, on average, an Army member will have 6 hours each year with a career manager.<sup>147</sup> Commodore Young estimated a Navy member may expect to have a maximum of 5 hours each year with a career manager.<sup>148</sup>

104. Air Commodore Ashworth told us an Air Force member could 'not necessarily' expect to receive an annual phone call from their career manager, as it is 'contextual'.<sup>149</sup> She added:

Some people might get a phone call because the career manager has an opportunity that comes up that needs someone of that skill set and might ring up that individual and say, 'Hey, there is a job come up. You said in your career development plan you were really keen on this role. We see that opportunity happening, would you like to do it?'<sup>150</sup>

105. Defence does not collect data on the number of members who have made proactive contact with their career manager with a substantive inquiry or concern.<sup>151</sup>

106. The evidence before us suggests that the under-resourcing of the career management function affects member wellbeing. In a submission, one member expressed concern about the quality of their interactions with a career manager, a junior officer with 'a portfolio of 500', stating:

his email to me lacked empathy and will see me leaving in a very negative mindset and feeling disrespected – I have actually just commenced psychological support with Open Arms, as this has affected me badly – I doubt I will even get a farewell after 39 years [of] service.<sup>152</sup>

107. Defence witnesses confirmed that the ratios of career managers to personnel in the Navy and Army (at least) do not allow adequate support to be given to members.<sup>153</sup> Brigadier Moss explained that, in part, this reflected broader resource constraints within Defence:

within the department as a whole, we are short on personnel. So, as a result, if I was to draw that workforce from the broader department to place it in my organisation, it creates a vacancy somewhere else, and as a result, that puts additional pressure, then, on the workforce that's forward, a person doing two jobs instead of one. So, yes, could I have more people and deliver a better outcome? Potentially, but at the cost of the person forward who then is doing two jobs. So, I think, at the moment the ratio is right for the available resource.<sup>154</sup>

108. Lieutenant General Fox told us that the ratio of career managers to members is a particular challenge in the Army due to the volume of private soldiers and that more career managers would enable increased career management support for this cohort.<sup>155</sup>
109. While resourcing is clearly a barrier to adequate engagement, other factors come into play too.

## Skills development and assurance mechanisms

110. Career managers play a sensitive role interacting with a large number of military personnel, many of whom may experience stress and trauma associated with training, postings, deployments, unacceptable behaviour and other aspects of service life. We are concerned that career managers may not have the full range of skills to manage these relationships effectively and avoid contributing to further harm.
111. Lieutenant General Fox acknowledged that career management decisions can intersect with members experiencing trauma. She accepted that if decisions are not addressed in a trauma-informed way, they have the potential to contribute to the trauma and lead to adverse mental health and wellbeing outcomes.<sup>156</sup>
112. Commodore Young told us that career managers are given training 'around things like negotiation skills, difficult conversations [and] their own wellbeing'.<sup>157</sup> Brigadier Moss agreed the postings management function of career managers is a stressor on members, but he said that career managers receive 'nothing formal' to build their skills to empathise and support members in that context.<sup>158</sup>
113. Although they are personnel managers, ADF career managers do not generally hold human resource qualifications.<sup>159</sup> Commodore Young explained that in the Navy, this is because:

their primary role is to understand the career continuum, and what are the roles of the individuals. So they are subject matter experts in warfare, logistics. So ... when we talk about placing someone somewhere, they understand where they are being placed, and what the specific roles are required for that individual to develop through their career, and which ones are better for them.<sup>160</sup>

114. Lieutenant General Fox confirmed there is more that career management agencies can do to better support members, including training career managers to provide trauma-informed support to vulnerable members. Lieutenant General Fox stated:

I think if they were trained in restorative approaches and trauma-informed methods in communicating with people, that would be an enhancement ... We do have psychologists in the career management agencies that help our career managers frame and learn. However, I think we could have that level of training and engagement as a professionalisation opportunity. It would only benefit the organisation when those members are then posted out into other units.<sup>161</sup>

115. We are also concerned by the lack of assurance processes governing the posting decisions made by career managers. Defence outlined key performance indicators for career management agencies in each service.<sup>162</sup> However, only the Army appears to have introduced key performance indicators around posting surety.<sup>163</sup> The Australian Government advised us that Defence is enhancing internal metrics to address posting surety, posting orders, geographic stability, tenure, individual needs, workforce engagement, retention and promotions.<sup>164</sup>

## Assessing the psychosocial impacts of postings

116. When the then Chief of the Defence Force was asked how the ADF obtained a systemic view of the accumulated operational and organisational stressors experienced by a member over their service life, he pointed towards the career management agencies.<sup>165</sup> He said in their conversations, members and career managers:

engage on questions of mobility, family, spousal employment, children's circumstance, the impressions or aspirations of future military employment, and, often cases, the need to balance that set of factors, so that sometimes one prevails, and it may well be spousal employment. Sometimes the military capability mission may prevail. In other circumstances, it's a mix of reasons, but it has to be a conversation, and those individual conversations occur as a systematic approach to the community of people and the employment positioning of those people across the force.<sup>166</sup>

117. He signalled that the ADF 'perhaps need[s] to do further thinking about how to translate from that conversational and empirical [approach] to one looking more at the psychosocial components'.<sup>167</sup>
118. Considering the responsibilities of career managers in relation to unacceptable behaviour, Lieutenant General Fox said she asked herself, '[H]ow do we assure ourselves [in a systematic way] that a victim is not in the same unit as a potential perpetrator or [a] person that they've complained about'?<sup>168</sup>
119. These considerations take the role of career managers beyond typical operational and individual interests and suggest that the role may require a broader skill set, access to sensitive information and policy guidance on a wider range of matters.



## 4.4.2 Mitigating the impacts of the posting cycle

120. The then Chief of the Defence Force said recent efforts to mitigate the impacts of the posting cycle on members and families focused on maximising 'dwell time' through back-to-back postings at the same location; using 'unaccompanied postings' where a member's family does not follow them to a new posting; using remote working; and unlocking greater mobility across the services through the new single personnel system.<sup>169</sup>
121. General Campbell stated that any new model would need to 'try to keep pace with community expectation, partner expectation [and] support to young families'.<sup>170</sup> He said it will 'end up being one characterised by a greater degree of dwell',<sup>171</sup> which we understand to mean maximising the time members and their families remaining at a location.
122. We encourage Defence to continue to explore these options and other opportunities to respond to the needs of members and their families through the postings system.

### Would increasing the duration of postings work?

123. The evidence shows that frequent postings is a major stressor for Defence families. Frequent relocations put a strain on family finances; social stability and community connectedness; spousal/partner relationship; and children's wellbeing and stability; and the cumulative effect of these stressors can contribute to psychological distress.
124. Strong family and partner relationships are a very important protective factor against suicide and suicidality. Strong mitigating action is needed to reduce the accumulation of stress on the family and preserve its protective effect.
125. We are also concerned that the frequent movement of senior leaders could reduce their ownership of and commitment to reform in a certain location or role, especially for complex matters such as culture that require a sustained commitment to change. There is a risk that the frequency of relocations could act as a barrier to implementing the recommendations made by this Royal Commission.
126. We urge Defence to explore options to reduce these risks. Potential options include:
- giving commanding officers discretion to extend a member's posting under certain circumstances
  - increasing the standard length of postings
  - offering more back-to-back postings in a single location.
127. We do not seek to prescribe a solution, as we appreciate that these matters have direct operational implications that must be assessed in detail.

128. In the Air Force, there is already some discretion for career managers to extend two-year command postings for a further 12 months to meet capability requirements.<sup>172</sup> The effects of this discretion should be explored to assess whether it could be applied more broadly.

129. This was supported by a commander of the Special Air Service Regiment, who said:

if a commander can make an empowered decision to hold them for longer based on capability, and that might have a boundary on it, with maybe one additional pos[t]ing, that would again allow those commanders to make ... more conscious decisions related to capability.<sup>173</sup>

130. The commander warned that rushing members, especially those in leadership positions, through postings to increase 'throughput' does not support strategic capability:

My view is right now ... we don't so much have a posting cycle but a promotion cycle. We try to push throughput in order to get the next group of people to promote through, so there is like a rush to gain experience to get to the promotion level ... that's why command appointments are two years, so we can throughput rather than actually focus on organisational outcomes. So, I think it's a combination of not so much agency but geographical stability importance, and then probably looking at extending time and place for those appointments as well.<sup>174</sup>

131. This is a critical point. Maximising throughput to address workforce hollowness will not deliver a strong resilient force. Reflecting on their experience in leadership roles of one, two and three years' duration, the commander said, 'I can tell you, three years feels a lot calmer' because 'you've got more time to understand, apply and then see through, you know, to make sure what you're doing is positive and adjust as you go'.<sup>175</sup>

132. Similarly, the commander argued that short postings for specialist roles that require a lot of time to build skills are often over or largely over before members are able to fully contribute.<sup>176</sup>

133. In the United States, the Suicide Prevention and Response Independent Review Committee review, *Preventing Suicide in the U.S. Military*, found that frequent turnover in military commanders (typically every 2 years):

contributes to enormous instability within the system and the reticence of many leaders to take on complicated problems because of time limitations and concerns that these changes will be abandoned by subsequent leaders.<sup>177</sup>

134. The review recommended that command assignments be extended to improve the military's ability to address complex problems like suicide effectively.<sup>178</sup>

135. There is evidence, however, that longer tenures may not be suitable for all roles. We have heard evidence that command positions, in particular, can be especially demanding, and shorter tenures allow for more recovery time.<sup>179</sup> The then Chief of the Defence Force, General Campbell, told us:

The point of command tenure isn't about pumping people through; it is about ... the stress, the effort, the collective fatigue that builds over a period of tactical command and while we do, as I say, have circumstances where it may on occasion be three years, they are on circumstantial occasions. We have found far more consistently that in terms of [the] effectiveness of command and [the] wellbeing of people in command ... that two years is the sweet spot.<sup>180</sup>

136. The way the postings system tries to reconcile organisational capability needs, and member and family wellbeing is coloured by an urgent need to grapple with workforce hollowness and increase 'throughput'. It is genuinely difficult to make posting decisions that satisfy these competing needs and interests. However, limiting this equation to a case-by-case approach ignores the strategic context, whereby retention is a serious challenge and members are telling the ADF that the impact of the posting cycle is a major driver of the decision many make to leave the ADF.

## **Mobility across the ADF and flexible working**

137. Implemented in 2016, the ADF Total Workforce System is a tri-service framework and contemporary workforce system.<sup>181</sup> In general terms, it provides more flexibility in the ways in which members serve; for example, by facilitating requests to move between services, across service categories, and from full-time to part-time work.<sup>182</sup> We mention the total workforce system, not because it is a silver bullet, but to highlight that there are elements of a policy framework already in place that can be leveraged and built upon.

138. The Total Workforce System is designed to give members more flexibility to changing personal circumstances and enable them to remain within Defence and improve retention. Commodore Young told us:

we want people to stay part of the system, so not only part time but also industry. We want people to, if they are going to decide to transition, stay within their ecosystem. When they transition to reserve, what they then get is control over their career, so they don't have to deploy, they don't have to go to a location they don't want to.<sup>183</sup>

139. However, he qualified this by saying:

We still require ... a core number of people who will go to certain locations and deploy. So, it's a 'yes' or 'no' answer. Yes, we want them as part of the system; there is plenty of work to go around to do that. We still need a central mass of individuals who can provide unrestricted service.<sup>184</sup>

140. By providing access to a broader range of roles with different obligations, including part-time work, the Total Workforce System may benefit members and their families by giving them the chance to establish long-term connections and support mechanisms. As one member told us:

Time away from home was the most significant contributing factor to my decision to transfer to a part-time role ... Similarly, I know that work-life balance figures prominently in other members' decision-making in relation to transition.<sup>185</sup>

141. Part-time work is not the only model of flexible working. Expanding opportunities to work remotely from a different location may increase geographical stability for certain cohorts. Air Commodore Ashworth was supportive of this idea, saying:

considering the fact that postings don't always lead to a relocation, one of the things that we do have in the system already is the opportunity for ... remotely working from somewhere. I would say, personally, over the last couple of years as a result of COVID, there was a higher uptake of that, and I think considering ways that you could enliven that even more, would allow, in some cases, people to work through longer geographic stability and still move through career [progression].<sup>186</sup>

142. Commodore Young noted that this may be feasible for the Navy, but cited limitations similar to those of the Air Force; that is, that some roles cannot be performed remotely.<sup>187</sup> Remote working arrangements are at the commanding officer's discretion.<sup>188</sup>

143. The centralising of career managers under the Chief of Personnel could also allow them to consider capability needs across all three services when they decide where to post an individual member. Widening the pool of available roles to encompass the three services represents a new approach to postings. If members were better able to transfer between services, this could facilitate more geographic stability and greater alignment with other individual preferences. *Joint Directive 10 2023* aims to establish a single service approach to career management. It provides for specified trades (for example, a chef) to 'swap' to another service where the same trade exists.<sup>189</sup>

144. We also wish to emphasise the value of the new Total Workforce System as a framework under which members who are unable to deploy due to illness or injury can continue to serve. We explore this further in Chapter 5, The military employment classification system and medical separation. However, again, we stress that this would require practical action and sustained commitment to this outcome to deliver results for members.

## Improved supports for members and families

145. The posting cycle is an unavoidable element of service life, and some stressors associated with it are also unavoidable. However, Defence does have the opportunity to improve supports to mitigate adverse effects.

146. Support for members and their families is primarily provided by Defence Member and Family Services, which offers information, assessment, crisis intervention and referrals to wellbeing and welfare support services at 23 locations and via a 24/7 Helpline. Where a member is absent from home for 6 weeks or more, the Helpline will proactively contact their next of kin to offer support.<sup>190</sup>
147. To address the impacts of frequent relocations, Defence offers funding for partners to access employment assistance services and funding for schools to employ mentors to support the children of ADF members to deal with the challenges of mobility and absent parents.<sup>191</sup> Similarly, if a family experiences a crisis while the member is absent, they may access funding to 'facilitate practical support' (such as short-term emergency accommodation).<sup>192</sup>
148. Defence also offers funding and allowances for members and families posted to remote locations, including:
- allowances to compensate members for posting to a location that involves 'hardship caused by remoteness, harsh climate and cost of living'<sup>193</sup>
  - funding for travel to specialist medical services if they are not available in a posting location
  - housing or rental assistance.<sup>194</sup>
149. Families with special needs moving to a new location as a result of a posting decision can access:
- funding for a pre-posting visit to make arrangements for a family member with special needs; for example, to visit a new school or general practitioner (GP) to seek a referral for local specialist services
  - funding for respite, therapy services, special equipment hire and early intervention programs as an interim measure 'until government supported services can be accessed'
  - assistance with unpacking home contents for families with special needs if the member is unavailable to assist; for example, because they are on deployment.<sup>195</sup>
150. In 2020, Defence worked with the National Disability Insurance Scheme (NDIS) on a system that would flag NDIS participants who are ADF family members. Once an ADF member receives a posting order, they can contact the NDIS to trigger a review of their plan in preparation for the move to their new location. This escalates the review process and reduces delays.<sup>196</sup>
151. These are positive measures, but they do not address any issues of quality and accessibility of services in a given location. The Chief of Army, Lieutenant General Stuart gave evidence that access to health care and education, especially specialist services (for example, for children with disability), is particularly challenging for members and their families in remote locations. He acknowledged this as a key

factor that contributes to Army members' decisions to remain in service or not. When members separate because the burden is too great on their family (for whatever reason), it contributes to the hollowness of the workforce.<sup>197</sup>

152. Lieutenant General Stuart suggested the 'optimal model' would be for Defence to provide health care to family members.<sup>198</sup> He said childcare was the 'number one example of something that could make a difference for our people', especially in northern Australia, where 'if you can't get childcare, you can't get respite' and partners cannot work.<sup>199</sup>
153. Access to education was also raised as an issue by Lieutenant General Fox. She gave an example of a family who could not enrol their child in a new school because they did not yet have an address in the catchment area.<sup>200</sup> She suggested that 'Defence can lean in and co-sponsor transition aids with schools that then provide other support mechanisms and help build that resilience'.<sup>201</sup>
154. We encourage schools to demonstrate their support of the ADF by adopting a policy to allow children of ADF members posting to their region to enrol in their school, even if they do not yet have an address in the catchment area, and we encourage Defence to support schools with transition aids and other supports.

### **Recommendation 3: Build the capability of career managers**

Defence should build the capability of career managers to engage with and respond to member needs and preferences when making posting decisions, including by:

- (a) improving the ratio of career managers to members
- (b) upskilling career managers to engage with vulnerable individuals through training in trauma-informed approaches
- (c) providing the training, resourcing, data and guidance for career managers to identify and mitigate cumulative stressors experienced by members, including psychosocial risk such as exposure to unacceptable behaviour, when making posting decisions.



## **Recommendation 4: Mitigate the adverse impacts of the posting cycle**

Defence should take steps to mitigate the adverse impacts of the posting cycle on members and their families, including:

- (a) measures to reduce the frequency of relocation
- (b) improved supports for members and their families moving to a new location that target known stressors, such as housing, childcare and children's education, partner/spouse employment and community ties
- (c) measures to implement greater mobility across the Australian Defence Force and flexible working options
- (d) working with state and territory governments to ensure that children of Defence personnel can enrol in educational institutions without having a fixed address as a result of Defence-required relocations of the family.

## **4.5 Conclusion – postings**

155. The posting cycle has typically been viewed as a conflict between operational capability and individual wellbeing, where efforts to respond to member needs, preferences and circumstances risk undermining the mission. This perception does not align with the evidence before us, and it acts as a barrier to change.
156. We have identified a number of circumstances where greater flexibility in posting decisions would benefit members and their families and allow the ADF to meet and maintain its capability requirements over time. Without further action, there is a risk that members' genuine concerns about the stressors associated with the posting cycle will exacerbate the recruitment and retention crisis.
157. A key part of this response should include actions to build the capability of career managers to listen, understand and endeavour to meet the needs and preferences of members in their posting decisions. As it will not always be possible to avoid adverse impacts on members and families, Defence must also take practical steps to mitigate these effects, including improving supports for members and their families moving to a new location that target known stressors.

## 4.6 Introduction to deployments

158. In the second part of this chapter, we consider a number of issues surrounding deployments, specifically the effects of deployment in a range of operational and non-operational settings on members. We explore the measures Defence has in place to support members before, during and after deployment.
159. While deployments may be expected as part of service life and can be highly sought after by members, they can also put members in extremely intense environments with a high operations tempo and where their personal safety cannot be guaranteed.
160. We consider the various types of harm and stress associated with deployments and attempt to assess which of these are unavoidable aspects of service and which can be modified so their impact on members can be lessened and members' resilience in the face of these harms and stresses can be increased. There are opportunities to intervene at the appropriate time, and in some cases, to stop exposure to traumatic incidents and potentially morally injurious events from escalating to post-traumatic stress disorder (PTSD) and moral injury. Respite is necessary for all serving members who experience periods of high work stress and demands, and not only to those who have deployed on warlike operations.
161. We also consider how decisions about deployments are made. Deploying sailors, soldiers and aviators is a core function of the ADF and its mission to protect Australia and its interests.<sup>202</sup> We have found that of all the aspects of service life, deployment is one of the most concerning where organisational and operational imperatives can take precedence over the health, safety and wellbeing of individual members. This is the realm of personal sacrifice, and we acknowledge that this is part of the reason for the existence of, and why members sign up to, the ADF.
162. However, we have also identified many issues related to deployment whereby the health and wellbeing of members may be unduly compromised to maximise tactical dominance and mission success, and we wish to argue that a different approach could be adopted in this respect.
163. In Chapter 6, Retention issues and voluntary separation, we discuss the effects of hollowness in the workforce, including fatigue and burnout. The Defence workforce is inadequate to meet capability demands, and this could increase the pressure to make decisions that also affect member health and wellbeing, such that medical advice could be overridden to deploy members and respite could be cut short. However, unless Defence genuinely makes space for the health and wellbeing of its members, the recruitment and retention challenges will only worsen.

### 4.6.1 What is deployment?

164. In this chapter, we use the ADF definition of 'deployment' as a 'period of time in which a person is assigned for duty away from their posted location, especially for military purposes'.<sup>203</sup> Deployments can be operational or non-operational in nature.

165. An operational deployment is a military operation authorised by the Australian Government where personnel are placed under the command of the Chief of Joint Operations. Operations are declared by the Minister for Defence to be warlike, non-warlike or peacekeeping in nature.<sup>204</sup> Operational deployments may include combat, providing humanitarian aid and disaster relief, evacuating citizens, restoring peace or increasing security in a given location.<sup>205</sup>
166. A non-operational deployment is a military operation not specifically authorised by the Australian Government but essential to the activities of the ADF.<sup>206</sup> Non-operational deployments can include domestic and overseas exercises, and engagements to build and test the capability of the ADF and key partners.<sup>207</sup> Personnel may be under the command of their service chief or the Chief of Joint Operations.<sup>208</sup>
167. Members may also undertake a ‘third-country’ deployment where they deploy as an embedded member of another nation’s force.<sup>209</sup>
168. We note that members posted overseas are not considered to be on a deployment.<sup>210</sup> Overseas postings refer to a continuous period of duty in an overseas country, and are usually associated with a memorandum of understanding between Australia and the host nation.<sup>211</sup>
169. We note that the definitions for deployment differ in the Navy. The Navy defines deployment as a period away from the homeport in which the command and control of the unit does not necessarily change. This includes exercises on the ‘Australian station’, which includes Australia’s territorial seas, and the Australian contiguous zone and economic exclusion zone.<sup>212</sup>
170. In this chapter, we do not specifically explore deployment according to the Navy’s conception of it. We nevertheless note that many of the general features we highlight are the same.

## 4.7 Effects of deployment in the short and long term

171. In this section, we discuss the positive and negative impacts of deployment on members and their families.

### 4.7.1 Members *want* to deploy

172. Sending members on deployment is key to the ADF’s mission to protect Australia, and being deployed is highly valued within the culture of the ADF, which prizes strength, toughness, mateship and service. We heard evidence that deployments are highly desired by members, as they represent what they are trained to do, and as they also attract financial benefits. Brigadier Kahlil Fegan DSC, then Commander of the 3rd Combat Brigade, told us:

our people, our men and women, who are predominantly young and professional, good people, are highly motivated when there is the probability of being able to deploy and serve our nation on operations. That is one of the things we inherently, all of us, want to be able to do.<sup>213</sup>

173. In her evidence, Dr Ellie Lawrence-Wood, Senior Research Fellow at Phoenix Australia, Centre for Post-Traumatic Mental Health, emphasised ‘that all of the women we spoke to loved deployment ... this is what they had trained for, they wanted to be doing this’.<sup>214</sup>

174. Ms Kylie James, a former serving member and Director of Veterans Retreat, a veteran support organisation, told us that ‘deployment is one of the major reasons’ members join Defence. She continued:

it's like if you play football in the AFL. You don't want to train five, seven days a week for years and years and years and never get to play the game. It's the same thing. We train and we train and we train and we train, and we deal with a lot of admin and red tape ... that you do throughout the day and stuff, and just really annoying things in barracks that you have to do sometimes, but we're training, training and training and we all want to go and play the game, which is the deployment. The deployment is also financially exceptionally beneficial. So the tax-free money that comes with deploying to a war zone is phenomenal.<sup>215</sup>

175. This was echoed in submissions in which one member described his first deployment as ‘extremely rewarding’. He wrote:

There I learned what it meant to be part of the Air Force. I experienced first-hand the rewards of camaraderie, *esprit de corps* and the bonds that come with those experiences. To some degree that deployment remains one of the highlights of my career.<sup>216</sup>

176. In fact, many members choose not to disclose illness or injury for fear of being medically downgraded and losing the opportunity to deploy. We discuss this further in Chapter 5, The military employment classification system and medical separation.

### 4.7.2 Deployment can be stressful and traumatic and have long-term repercussions

177. The experience of being deployed can also cause harm to members and place strain on their families. Deployments are by their nature challenging; members are apart from their family and civilian friends, may work extended hours in conditions that may be hazardous, may undergo sleep and food deprivation, and can experience and be exposed to others’ trauma through the horrors of war.<sup>217</sup> Non-combat deployments, domestic deployments, peacekeeping missions and natural disaster response can also expose members to distressing scenes, human suffering and trauma.

178. We recognise that there is a fine balance between the features of deployed activities that make the experience professionally rewarding, such as helping people in distress, and exposure to potential trauma that can result in lasting harm. The risks and the rewards may not be mutually exclusive.

179. Submissions from members and their families described many challenging and traumatic experiences of deployment. One member wrote:

My scars stem from being unable to keep [the East Timorese children] safe ... thousands of displaced children had been left to fend for themselves across Timor ... I have no idea what happened to those two girls; there is the tiniest [bit] of optimis[m] in me that hopes they were taken in by another family. The reality as I believe it to be is that they both ... died in Timor because we could not save them, and countless thousands more just like them.<sup>218</sup>

180. Giving evidence in a public hearing, a lived-experience witness spoke about the toll of their duties on colleagues, saying:

I also recall witnessing one of my mates lose his innocence when like he pointed out something in the water and he said, 'I think that's a doll', and I heard someone say, 'No mate, that's a baby'. I saw him lose it on his face. We were trying to look for people that were still alive, but no one made it out of the water alive.<sup>219</sup>

181. A parent described their child's experience of being deployed to Afghanistan as follows:

[Redacted] the army as a rifleman at the age of 18 and deployed to Afghanistan for deployment when [they were] 20 years of age. During [their] deployment, [they] encountered a possibly life-threatening incident with an Afghan soldier and many incidents involving the serious injuries and deaths of soldiers and civilians. It was [following their] return from deployment that we began to notice the changes in [their] behaviour: more withdrawn, hyper vigilant and an increase in [their] alcohol consumption.<sup>220</sup>

182. A majority of members return from deployment having had a positive experience, having used their training and abilities to advance Australia's national interest. However, some, especially those exposed to trauma, which can take many forms, carry physical and mental scars with them for years to come. Defence is aware that exposure to trauma, in particular, has been linked to adverse mental health outcomes.<sup>221</sup>

183. For example, the Transition Wellbeing and Research Programme commissioned by the Department of Defence and the Department of Veterans' Affairs (DVA) found that previous deployments and career deployment exposure were associated with elevated psychological distress and post-traumatic stress symptoms.<sup>222</sup> It also found that deployment and combat exposure may have lasting impacts on resting brain and memory processes, including hypervigilance in those members with elevated psychological distress symptoms.<sup>223</sup>

184. However, studies from Australia, the United Kingdom and the United States have not established a direct link between participating in a deployment and subsequent suicide or suicidality.<sup>224</sup> However, importantly, these studies show that members who have been exposed to trauma, which can occur as a result of deployment or otherwise, have a higher risk of mental disorders (especially PTSD).

185. Combat experience is associated with a range of adverse outcomes, the most common of which is PTSD.<sup>225</sup> Mental illness, including PTSD, is linked to higher rates of suicidality and suicide attempts.<sup>226</sup>
186. The Transition Wellbeing and Research Programme identified PTSD as the most common anxiety disorder experienced by members who transitioned out of regular service between 2010 and 2015.<sup>227</sup> We note that PTSD is now considered a trauma and stressor-related disorder.<sup>228</sup>
187. The effects of deployment and combat exposure are cumulative, time-dependent and can emerge slowly over time.<sup>229</sup> The cumulative level of exposure to traumatic events during deployment is the most important factor for the emergence of a mental disorder (particularly for PTSD and other anxiety disorders). The experience of other trauma, unrelated to deployment, adds to this burden and risk.<sup>230</sup>
188. One of the criteria for diagnosing PTSD is hypervigilance. Hypervigilance is defined as '[a]n enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behavio[u]rs whose purpose is to detect threats' in which '[t]he individual is placed on high alert in order to be certain danger is not near'.<sup>231</sup> It can lead to obsessive behaviour patterns and difficulties with social interaction and relationships.<sup>232</sup>
189. Research has shown that many members who have been deployed experience hypervigilance.<sup>233</sup> This is consistent with evidence we have heard from lived experience witnesses who described being hypervigilant and experiencing difficulties transitioning back to civilian life.<sup>234</sup>
190. Defence acknowledges the possibility that members who deploy will experience hypervigilance in its Homecoming Guide, which states:
- Personnel on deployment may be placed in harm's way and are subsequently more likely to see the potential for danger than those who have not deployed, even when objectively little danger exists. This vigilance becomes instinctive and does not simply 'turn off' automatically when the member returns home.<sup>235</sup>
191. We note that hypervigilance is not just a potential consequence of deployment, it is also an ingrained learnt behaviour that can be critical to successful military activities. A literature review from the United States observed:
- Hypervigilance is common among combat veterans because of long-term exposure to elevated stress levels and specific military training that encourages and rewards heightened attention and arousal to potential threat.<sup>236</sup>
192. Mr Isaac Adams, who had deployed to the Torres Strait and Afghanistan, gave evidence at one of our public hearings, saying: 'most people in the Defence Force will come out with a level of hypervigilance because of the way we are trained'.<sup>237</sup>



193. We recognise that a degree of learnt hypervigilance is likely a necessary feature of military training and performance. We are interested in how members are supported to process their experiences during deployment and manage this enhanced state on return to ordinary duties and family life. This is also why we are so interested in post-deployment supports to provide members with respite, or time to recuperate and reinstate ordinary family life and the tempo of daily life.
194. The health effects of traumatic exposures can take time to manifest. While some members exhibit symptoms while on deployment or immediately upon return, others may not experience health effects until years later.<sup>238</sup> Longitudinal studies are essential to help us understand the experience of members in service and also after they have separated from service. Only then can the latent manifestation of illness and injury be monitored and considered in the context of a member's service history.
195. The Transition and Wellbeing Research Programme found that for ex-serving members, the number of deployments undertaken is a significant predictor of later psychological distress.<sup>239</sup>
196. However, drawing on research from 2010, Defence argues that during service, whether or not a member has deployed has little effect on mental health outcomes.<sup>240</sup>
197. We note the critical distinction drawn here between serving and ex-serving members. In many cases, adverse outcomes associated with exposure to stressors and trauma do not present immediately. The term 'latent harm' refers to 'injuries or illnesses, including psychological conditions ... [that] may have a slow or delayed onset, manifesting sometime after exposure to a particular hazard in the workplace'.<sup>241</sup>
198. For this reason, whether or not adverse mental health outcomes can be associated with deployment *during service* is in many ways not the point. The interplay between risk and protective factors is always complex.
199. Further research published in 2013 suggests that other factors may interact with deployed/non-deployed status to influence mental health outcomes, including demographic factors and lifetime exposure to trauma.<sup>242</sup> This research could help to identify groups or roles where greater post-deployment support is required. It is disappointing Defence has not investigated this further.
200. Phoenix Australia's 2023 update to the literature review on defence and veteran suicide highlighted similar findings with respect to military trauma exposure.<sup>243</sup>
201. The Royal Commission's own research, presented in Chapter 1, Understanding suicide, examined whether deployment influenced the risk of suicide and suicidality for ex-serving members. We found that ex-serving men who served in the permanent forces in combat and security roles with warlike or non-warlike operational service are over twice as likely to die by suicide than Australian men (108% and 116% more likely, respectively).
202. Fewer than half of ex-serving members deployed while serving in the permanent forces.<sup>244</sup>

### 4.7.3 Exposure to combat and unit culture

203. The Royal Commission has received many accounts of combat-related trauma leading to mental ill health. Mr Gavin Tunstall, a lived-experience witness who served with the Royal Australian Engineers in the Army for 15 years and was deployed twice to Afghanistan, told us that you cannot prepare psychologically for the horrors of conflict: He said:

You can't. You just can't. If you haven't been in that situation, you have no clue until you've gone through it. You can't be trained for that. You don't know how you're going to react. You don't know how you are going to react to a mother and a baby. They can't train you for that.<sup>245</sup>

204. Members also described the distress they experienced as a result of the culture and actions of their own units while deployed. For example, one submission described the deliberate injuring of villagers.<sup>246</sup> Another member told us that their commanding officer pressured them to make a statement to the effect that 'only one child was killed, rather than three'.<sup>247</sup>

205. Reflecting on his own deployment to Vietnam, one member described how witnessing death and injury of unarmed civilians had a lasting impact and contributed to his own suicidality after separation. He suggested that the distinction between right and wrong can be blurred on deployment, saying:

Once you completely blur the distinction between right and wrong, remove the ... social constraints of civil society and thoroughly unpick the moral compass of the combatants, you are left with very little else ... The approbation of your mates [is] the only reward.<sup>248</sup>

206. Another member described the culture in which members who had seen combat had a higher status than those who had not, leading to lower-status members going along with poor behaviour in an attempt to be accepted. It led to poor outcomes for both those involved and those who witnessed the effects of this destructive hierarchy. This member said:

Seeing other junior diggers (and officers) blindly follow along with the binge drinking, infidelity and aggression (among others) in an effort to gain credibility in the absence of [having experienced] combat also drove me further away. It felt as though this desire to impress those with combat 'honours' or experience took precedence to being a good human being. It impacted my mental health, and I believe that of others, by forcing members into compromised positions.<sup>249</sup>

207. We do not wish to suggest that this is a representative picture of unit culture on all deployments. We explore the complex matter of ADF culture, including as it relates to deployments, in Chapter 7, Culture and leadership.

208. We recognise that the skills, capacities and ways of relating that engender success on the battlefield may hinder a member's ability to transition back into civilian society both post-deployment and after separating from the ADF.<sup>250</sup> This is a key challenge that we address in Chapter 23, Transition from military to civilian life.
209. These experiences also raise the issue of 'moral injury', which we explore in Chapter 21, Moral injury. Moral injury refers to 'the strong cognitive and emotional response that can occur following events that violate a person's moral or ethical code'.<sup>251</sup> It can occur in combat and non-combat environments. During combat, ADF members may 'witness, be required to carry out, or fail to stop, violence or other inhumane or cruel acts towards others',<sup>252</sup> which may result in moral injury. The impact of moral injury may be felt during or post-service.

#### 4.7.4 Tempo and frequency of deployments

210. Aside from combat exposure, a Defence witness agreed that members on any kind of operation may experience potentially traumatic events but added that other stressors associated with deployment included 'being separated [from family] for long periods of time and other operational stressors'.<sup>253</sup> We heard evidence that the tempo and frequency of deployments had a significant effect on the wellbeing of some members.
211. Between 2001 and 2022, serving members undertook an average of one to two deployments each year.<sup>254</sup> The 2019 Defence Census reported that members had spent a median of 33 nights away from home on deployment in the previous 12 months.<sup>255</sup>
212. In its 2019 report, *A Better Way to Support Veterans*, the Productivity Commission stated that as of 2016, approximately 55% of serving members had been assigned to combat or related operations, either domestically or internationally, at least once during their career.<sup>256</sup>
213. Brigadier Fegan spoke of the exceptionally short notice that might be given when mustering a deployable force. When he gave evidence, the 3rd Combat Brigade was designated as the 'operational-ready brigade' that would respond 'to government's operational requirements'. This means that if the government were to direct a 'conventional Army or a conventional land force to contribute an operational effect anywhere', the 3rd Combat Brigade would likely fulfil that requirement.<sup>257</sup>
214. Brigadier Fegan told us that at times, in his experience, members had been notified of a potential deployment just one night before boarding an aeroplane to leave on deployment.<sup>258</sup> This accords with other accounts we heard, including an account by one member who said, 'you would rotate through cycles of being on 2 hours "notice to move" through to being on 48 hours "notice ready to move"'.<sup>259</sup>
215. The provision of limited notice to members is a feature of being a responsive deployable military force. We recognise that little can be done to mitigate this, as regional and global geopolitical circumstances change, often at short notice. However, the manner in which these members and their families are supported prior to, during and following these short-notice deployments is very important. This is discussed further in Chapter 27, Importance of families.

216. We also heard accounts of members' experiences of being on operations, particularly their experiences of fatigue and mental stress. One member wrote:

It was evident in my time there, that staff posted to HQNORCOM [Headquarters of the Northern Command (in Darwin)] were over worked, stressed and feeling the effects of such an operation; however, no one at the time could afford to take themselves out for any mental health support in fear of letting their team down.<sup>260</sup>

217. Another member described their experience of multiple deployments, which benefitted their career but affected their mental health, stating:

I developed what can be best described as workaholic avoidance behaviour, which the ADF rewarded, as they viewed it as being highly motivated. This resulted in promotions and deployment opportunities. In total, I deployed on six ADF operations and a USA Humanitarian mission, each further degrading my mental health. Any time I spoke of mental health, senior officers would actively avoid conversations.<sup>261</sup>

218. Deployments can be long. Members assigned to an enduring operation under the Chief of Joint Operations Command can be deployed for a period of 3 to 12 months. Any request to extend the period of deployment beyond 12 months will only be considered in circumstances where it directly impacts mission success. It requires approval from the Director of Operations at the Headquarters of Joint Operations Command.<sup>262</sup>

## **There is not always enough time to rest and recover between deployments**

219. Negative outcomes from deployment experiences may be exacerbated and indeed compounded for some members if they are not given sufficient time to recover between deployments. The Inspector-General of the Australian Defence Force's *Afghanistan Inquiry Report* noted that a lack of 'dwell time' between operational deployments meant that members had a reduced opportunity to recover psychologically and to reset their 'moral compass'.<sup>263</sup>
220. The inquiry found that while Defence policy required a period of at least 12 months between deployments (a policy that is consistent with psychological research), waivers were frequently issued from 2004 to 2014, a decade in which there were many high-intensity deployments.<sup>264</sup> Defence's response to this report in the context of dwell times is discussed in section 4.9.4.
221. Defence told us that there is no additional health monitoring for members that deploy at high frequency, as a matter of course.<sup>265</sup> Defence also confirmed that it had not identified any analysis of mental health outcomes for Defence members who have been deployed at high frequency.<sup>266</sup> Despite this, the intensity and number of combat exposures remain strongly linked to poor long-term mental health outcomes in Australian and international contexts.<sup>267</sup>

## Roles more likely to be exposed to psychosocial risk

222. In Chapter 1, Understanding suicide, we assess the risk of suicide and suicidality associated with different occupational groups in the ADF. Our results found that males serving in the permanent forces in combat and security roles have an increased risk of suicide and are two times (100%) more likely to die by suicide than employed Australian males.<sup>268</sup> Due to the small number of suicide deaths among serving women, suicide rates could not be reported.
223. When asked in our final hearing block, the then Chief of the Defence Force, General Campbell, confirmed that Defence has identified roles that require members to supervise or participate in warlike or peacekeeping activities, and are likely to expose members to psychosocial risks.<sup>269</sup> However, he said no specific research has been conducted on the manifestation of harms resulting from these risks.<sup>270</sup>
224. Defence is therefore not aware of any specific mental health impacts associated with these roles.<sup>271</sup> It is unsurprising that a failure to investigate results in a lack of knowledge.
225. Defence relies on generic mental health screening and response tools used across all of the Defence enterprise to assess mental health impacts.<sup>272</sup> This concerns us greatly. Even where Defence has identified groups more likely to be exposed to trauma, the institutional response has remain unchanged.
226. General Campbell said that this universal approach has been developed to ‘best fit the needs’ of the entire force.<sup>273</sup> Senior Counsel Assisting suggested that this was a bit of a ‘bootstrap argument’ because if Defence doesn’t ‘conduct research into specific cohorts to identify what their particular risks might be’, it will not have a sound evidence base to conclude that a universal approach is the most appropriate.<sup>274</sup> General Campbell then said that ‘a study of the entire force would be required to fairly consider all of the roles that might emerge to have [a] psychosocial risk’.<sup>275</sup>
227. Defence should not allow the perfect to be the enemy of the good in its approach to addressing potential psychosocial risks. If Defence has identified certain roles that are likely to increase a member’s exposure to risks, it should develop a proactive response to moderate or mitigate those potential risks. To plan an organisation’s entire response to risk on general factors, while knowing that some roles place members at greater risk, is misguided and fails to do everything in Defence’s considerable power to support those serving their nation.
228. We are therefore disappointed that Defence has not taken the initiative to understand factors that may allow it to minimise harm to cohorts of members and better support serving members generally. This is necessary if Defence truly wishes to promote and support mental health and wellbeing for all personnel.<sup>276</sup>
229. High-risk experiences such as deployments offer valuable insights into the way Defence manages risk across the organisation and should be used to derive lessons applicable in other areas of service life.

230. The impacts of stress and trauma experienced during deployment can take time to manifest and may interact with other stresses accumulated by a member during their career and beyond. For this reason, we also urge Defence to use deployment data to better understand and prepare for the longitudinal health and wellbeing needs of members and veterans.

#### 4.7.5 International studies on the effects of deployment

231. There is more work to be done to explore the links between deployments, the experiences of members during deployment, latent harm, and suicide and suicidality. Defence should be doing this work now to ensure it has in place the best possible approaches to respond to trauma a member experiences (whether deployed or not) in advance of the next significant use of the Defence Force.
232. As discussed in Chapter 1, Understanding suicide, our research indicates that there is an association between warlike and non-warlike deployments and higher rates of suicide. We urge Defence to consider and build on this work.
233. Mental health literature from different jurisdictions can be difficult to compare due to a number of contextual differences. However, factors that influence mental health have been shown to include ‘combat exposure’, ‘deployment length and frequency’, ‘health services and delivery for serving and ex-serving members of a national defence force’, and ‘cultural attitudes and stigma’.<sup>277</sup>

### United States

234. In 1999, the US Department of Defense began the Millennium Cohort Study, a longitudinal study investigating the effects of military service on service member health and wellbeing.<sup>278</sup> After 20 years, a summary of findings was released that stated that ‘combat experience increases [the] risk of adverse mental health outcomes, with PTSD being the most commonly demonstrated outcome’.<sup>279</sup> The report added that in the past two decades of cohort studies, nearly 50 publications have consistently shown an association between combat experience and adverse outcomes.<sup>280</sup>
235. However, the summary report also indicated that there was ‘no direct association between deployment and suicide risk’.<sup>281</sup> It was instead asserted that ‘depression, bipolar disorder, alcohol-related problems and [being] male ... were independently associated with suicide risk’.<sup>282</sup> It was noted that combat deployment was linked to an increased risk of depression and alcohol misuse.<sup>283</sup>
236. The assertion that deployment was not directly associated with an increased risk of suicide referenced a 2021 paper comparing experiences of suicide attempts in members who had and had not been deployed.<sup>284</sup> The paper reported a significant association between suicide attempts and combat, particularly, high combat severity and specific experiences, including being attacked, seeing dead bodies and being responsible for the death of a non-combatant. It found that ‘members who reported the greatest number of combat experiences had an elevated risk of suicide attempts’.<sup>285</sup>



237. However, the authors concluded that despite this, they did not find a direct link between combat experiences and suicide attempts, as once the analysis included other factors, such as demographic factors and mental health diagnoses, a large proportion of the results were connected to PTSD and/or depression.<sup>286</sup> At best, they conceded that 'those who experienced combat had an increased risk of developing PTSD, which in turn may elevate their risk for attempting suicide'.<sup>287</sup>
238. This suggests that further research is required to explore the link between deployment (especially combat experiences), mental health conditions, and suicide and suicidality, noting that the impacts of deployment may take many years to manifest.

## United Kingdom

239. A 2023 cohort study from the UK on deaths by suicide in ex-serving Defence members compared military data and health data. It found that deployment on combat operations appeared to reduce the risk of suicide.<sup>288</sup> It also reported low rates of PTSD but higher rates of depression and alcohol misuse among those who had died by suicide.<sup>289</sup>
240. The study reported low rates of contact with specialist mental health services.<sup>290</sup> It acknowledged that ex-serving members may face barriers to help-seeking, due to the demographic being predominantly male (and thus having gendered experiences of help-seeking as per the general population), stigma and a 'perception that civilians may not understand the issues they are facing or have faced'.<sup>291</sup>
241. However, the findings of studies vary. A 2018 cohort study reported that for British ex-serving members, being deployed to Iraq and Afghanistan significantly increased the likelihood of experiencing symptoms of mental ill-health, PTSD and alcohol use.<sup>292</sup> PTSD and mental health distress were highest in ex-serving members who had deployed in a combat role.<sup>293</sup>

### 4.7.6 Australian research on deployment and suicidality

242. The Transition and Wellbeing Research Programme found that ex-serving members had higher rates of suicide ideation and suicide attempts than current serving members but did not investigate whether this was specifically affected by having been deployed.<sup>294</sup>
243. The studies acknowledged that '[m]ental disorder is a known significant risk factor for suicidal ideation and [death by] suicide'.<sup>295</sup> Overall, the studies did not find a conclusive association between deployment and suicide, but deployment was found to be correlated with mental ill-health, and mental ill-health was found to be correlated with the risk of suicide. This emphasises the importance of timely and robust health assessments and appropriate supports. Studies also draw attention to the importance of longitudinal observation of members who have experienced trauma.<sup>296</sup>

244. Defence recognises that deployments, whether or not they are linked to combat, are an element of service life that present an increased risk of exposure to harm. For this reason, Defence conducts mental health screening, which we consider in detail in Chapter 15, Promoting health and wellbeing among ADF members.<sup>297</sup>

## 4.8 Making decisions about deployment

245. Defence describes a cycle for operational deployments that includes preparing, deploying and transitioning home.<sup>298</sup> These are also known as the pre-deployment, deployment and post-deployment phases.<sup>299</sup> In this section, we consider the support that Defence provides to members across these phases. We address the supports provided to the families of deploying members in section 4.9 and Chapter 27, Importance of families.
246. Decisions about which members to deploy are controlled by the chain of command. While these decisions may be informed by medical advice and member preferences, command retains full discretion to override these inputs. In this section, we identify a number of ways in which this approach can put member health and wellbeing at risk. This also represents another instance in which operational needs take precedence over the needs of individual members, often to their detriment.
247. The Defence Military Personnel Manual describes 'command' as 'a purely military concept which lies at the very heart of the military profession and is central to success in battle'.<sup>300</sup> The Inspector-General of the Australian Defence Force's *Afghanistan Inquiry Report* described the power exercised by commanding officers over members on deployment as follows:

*First*, to a junior ... trooper, the patrol commander is a 'demigod', and one who can make or break the career of a trooper, who is trained to obey and to implement their superior commander's intent. *Secondly*, to such a trooper, who has invested a great deal in gaining entry into [their] Regiment, the prospect of being characterised as a 'lemon' and not doing what was expected of them was a terrible one, which could jeopardise everything for which they had worked.<sup>301</sup>

248. We explore leadership in the ADF and the exercise of discretion in Chapter 7, Culture and leadership. In section 4.8, we provide examples of how command-and-control leadership is experienced by members during deployment.

### 4.8.1 Assessing suitability for deployment

249. Throughout their career, members' medical fitness for deployment is assessed and allocated a military employment classification (MEC). Further detail on the operation of the MEC system is provided in Chapter 5, The military employment classification system and medical separation. For each operation, orders specify which MEC levels are required to support the mission.<sup>302</sup>

250. Members must also pass a pre-deployment medical assessment. However, this may not entail an immediate or even recent physical examination.<sup>303</sup> Rather, the physical fitness of a member for deployment is determined by:
- a review of their health record<sup>304</sup>
  - a declaration from the member that they have not had a recent change in their medical, dental or mental health<sup>305</sup>
  - whether the member has a current ‘individual readiness’ medical assessment.<sup>306</sup>
251. Annual ‘individual readiness’ tests are informed by the member’s most recent periodic health examination.<sup>307</sup> These occur every 5 years for members aged 39 and under, every 3 years for those aged 40 to 49, and every 2 years for those aged 50 and above.<sup>308</sup>
252. This approach to determining whether a member is healthy enough to deploy assumes that their health record is complete and accurate; that is, that the member has fully disclosed any health concerns. In Chapter 15, Promoting health and wellbeing among ADF members, we discuss how stigma and real and perceived career impacts may prevent a member from disclosing illness or injury.

## 4.8.2 Granting waivers to allow members to deploy

253. Command may issue a waiver to clear a member for deployment who does not meet the medical criteria.<sup>309</sup> There are two ways to do this. First, a member who has a deployable MEC but does not meet the health requirements for a specific operation can receive clearance from command after the individual case has been considered against the risks of the operation.<sup>310</sup> This can also apply to members who have a health restriction that specifically requires clearance prior to deployment.<sup>311</sup>
254. Second, command may initiate a waiver for a member with a non-deployable MEC if the member is considered mission critical. For example, if the member has skills that are critical for the operation and there is no other deployable person who could undertake the role.<sup>312</sup>
255. Aside from these two avenues, a member may also request consideration of a waiver.<sup>313</sup>
256. The medical clearance and waiver processes are informed by medical information and clinicians may make recommendations, but the decision is made by command.<sup>314</sup> Members are highly motivated to deploy and may themselves push for a waiver to be granted, even if it goes against medical advice.<sup>315</sup>

257. Captain Chloe Ryan RAN, Director of Health at the Headquarters of Joint Operations Command and Senior Medical Adviser to the Chief of Joint Operations, told us that risk assessments for waivers should consider:

- the consequences of the health risk manifesting, including the effects on:
  - the individual, including the risk that the operational environment may aggravate the condition
  - other people, including their safety, should the member become incapacitated or otherwise unavailable
  - the mission, including the likelihood of the member having to be medically evacuated and the subsequent impact of this evacuation
- the likelihood of that event eventuating over a specified period
- whether or not the member is critical to ensuring the success of the mission.<sup>316</sup>

258. Colonel Andrew Whitworth, Senior Medical Officer at Headquarters, 17 Combat Service Support Brigade, agreed that there can be a tension between the medical wellbeing of the member and the requirements of an operational deployment, in cases where a medical officer does not support a waiver but command chooses to grant it nevertheless.<sup>317</sup> We acknowledge that this may sometimes be appropriate and necessary.

259. Colonel Whitworth confirmed that even if a medical officer concludes that deployment is not in the best interests of a member's health, the requirements of the operation will ultimately take priority.<sup>318</sup> This may have short- or long-term consequences for the mental or physical health of the individual.<sup>319</sup>

260. It is unclear how commanding officers reconcile this function with their 'duty of care for the well-being of Defence members under their command or supervision'.<sup>320</sup> Brigadier Nicholas Foxall AM DSM, Commander, 1st Brigade, reflected on the challenge of balancing these competing interests, saying:

[it] is a very difficult thing to get right. Often we don't ... I like to think of it through a very simple lens of walking down a knife's edge. On this side of the knife's edge is the mission, the tasks that you've been tasked by government, the Australian people, to achieve. On the other side is my people ... You try and spend even times on either side of that knife blade. You can't always achieve it, particularly when operations are required.<sup>321</sup>

261. Captain Ian Young AM RAN, Director, Fleet Health Directorate, indicated that if there is a conflict between mission and member health, the mission comes first. In the context of the Navy, he said:

command [have a] responsibility for the healthcare and wellbeing of all personnel posted under their command. So that is one aspect of the issue. The other issue is that there is going to be a mission imperative, whatever the ship is doing. So

the healthcare provider ... would provide recommendations to command and there might be some tension that arises at that stage if that health issue is going to potentially change the mission set ... command would have to make that decision; the mission comes before the member.<sup>322</sup>

262. If a waiver is granted, medical officers recommend how to manage the member's health condition while they are deployed and provide this information to a treating team in the deployed location.<sup>323</sup> Again, they perform only an advisory function, and it is up to command to decide whether to implement the recommendations.<sup>324</sup>

263. Defence policy states that command has discretion as to whether it accepts medical advice (for example, that a member take leave or be excluded from activity).<sup>325</sup> In the context of periodic health examinations, the Defence Health Manual states:

Defence health facilities and authorised health practitioners are reminded that there are two customers involved in every health examination encounter ... the individual Defence member [and] the employer.<sup>326</sup>

264. A number of members made submissions to the Royal Commission describing circumstances in which medical advice was ignored by command, potentially putting the wellbeing of the member and their peers at risk.<sup>327</sup>

265. We are concerned that the process to grant medical waivers for deployments allows command to override medical advice without due recognition of the impact this may have on the long-term health and wellbeing of members.<sup>328</sup> Given workforce shortages, there is a risk medical waivers will be used more frequently to facilitate deployments.

### 4.8.3 Withdrawing 'volunteered to deploy' status

266. When services are notified of an upcoming deployment by Headquarters, Joint Operations Command, they nominate members to deploy.<sup>329</sup> Members can be nominated if they are listed as having 'volunteered to deploy'.<sup>330</sup> All members are required to affirm their availability for deployment, stating that they do not have any personal circumstances preventing them from deploying.<sup>331</sup> Navy members are automatically classified as 'available'.<sup>332</sup>

267. Members may withdraw their voluntary status as their circumstances change, but they must obtain the support of their chain of command.<sup>333</sup> Defence told us, '[t]he ADF does not direct or compel members to deploy, if they have not volunteered, agreed to deploy or are unavailable to deploy'.<sup>334</sup>

268. When asked how a member may withdraw volunteer status if they are not supported by their chain of command, Defence stated that members are directed to raise 'their concerns outside the Chain of Command; for example, through their Medical Officer or Chaplain'.<sup>335</sup> It is not clear to us that this provides an opportunity to review or appeal a decision.

269. Defence stated there is ‘no career detriment’ if a member does not wish to deploy, and ‘no stigma associated to the individual’s decision to withdraw’.<sup>336</sup> However, Defence also confirmed that having limited deployment experience can impact career management decisions.<sup>337</sup>
270. The Defence Military Personnel Manual states that a long-term reduction in availability for deployment ‘may cause the member’s further service in the ADF to be re-examined’.<sup>338</sup> As one member wrote in a submission, ‘[i]f a soldier does force the issue and demand to ... be taken off a deployment they are treated as “[a] leper” and threatened with forced discharge’.<sup>339</sup>
271. In Chapter 7, Culture and leadership, we explore how the ADF’s capability imperative shapes its culture.

## 4.9 Supports for members and their families

272. In many respects, the stressors members are exposed to on deployment are an inherent part of service in the armed forces. What is really critical is how Defence prepares members and their families, and supports them to deal with these stressors in a healthy way. We are concerned that the pressure to meet operational requirements with a depleted workforce may cause Defence to minimise post-deployment and respite support.
273. This section describes the supports currently offered by Defence to deploying members and their families. Further information about families is available in Chapter 27, Importance of families.

### 4.9.1 Psychological preparation

274. The ADF is under an obligation to support its members to process trauma in a healthy way, and maximise their chance to put it behind them and avoid PTSD. This is also tactical, as it will help to keep the workforce mentally healthy and strong. This should include helping members to build resilience prior to deployment and providing robust supports on return.
275. If the circumstances of a deployment allow, Defence provides a psychological briefing to deploying members through the BattleSMART (‘self-management and resilience training’) program pre-deployment module and gives members a deployment guide.<sup>340</sup>
276. BattleSMART is a resilience training model intended to enhance an individual’s ability to cope with stress and adversity.<sup>341</sup> These resources address topics such as:
- anticipation of loss
  - detachment and withdrawal
  - emotional changes to expect
  - recovery and stabilisation
  - anticipation of homecoming.<sup>342</sup>



277. Developing skills to manage stress and adversity could be a powerful way to prevent or minimise the impacts of trauma experienced on deployment. However, the Commonwealth indicated that BattleSMART is not intended to prevent or minimise the impacts of trauma, and it should not be evaluated on this measure.<sup>343</sup> It is not clear why the program has been circumscribed in this way.
278. We encourage Defence to reconsider how BattleSMART could contribute:
- to improving mental health outcomes
  - to minimising the impact of trauma by supporting members to process it in a healthy way
  - to facilitating early interventions
  - as a resource that is meaningful to members.
279. However, it should be noted that it is not clear whether BattleSMART can effectively provide members with the skills needed to cope with the stress and adversity related to deployment.
280. A study on resilience developed by the Department of Defence and conducted by Phoenix Australia in 2019 identified 'consistent variables that had an impact on wellbeing during potential periods of stress'.<sup>344</sup> The variables are social support, leadership, coping styles, sleep, alcohol use and anger. The study suggests that since these variables are at least somewhat modifiable, there is an opportunity to enhance training and other interventions in the ADF to improve the way members manage stress and build resilience.<sup>345</sup>
281. A 2013 evaluation of BattleSMART found that it improved knowledge of coping techniques, confidence in helping one's mates, and perceptions of stigma and barriers to care.<sup>346</sup> However, Defence acknowledges that it does not generally examine the skills of members following the completion of BattleSMART training, so it cannot be concluded that this knowledge translates into behaviour.<sup>347</sup>
282. The goal of BattleSMART is to 'enhance an individual's ability to cope with stress and adversity'.<sup>348</sup> But asking participants to self-assess their capacity or intention to apply these skills in the future is not a good measure of the program's effectiveness.<sup>349</sup> In fact, Defence told us that following the 2013 evaluation, the improvement in knowledge of BattleSMART techniques after training 'was not maintained over the course of the deployment'.<sup>350</sup>
283. While it may be difficult to measure the improvement in member skills as a result of the training, we encourage Defence to pursue this further as part of its evaluation practice. Resilience training is an important support for deploying members, and Defence should aim for continuous improvement to support both operational capability and member health and wellbeing. We address evaluation standards further in Chapter 29, Use of data and research by Defence and DVA.

## 4.9.2 Supports during deployment

284. During deployment, Defence provides a number of supports that can be accessed in the location of the operation or can be provided to members on request. While the primary responsibility for member wellbeing lies with the chain of command, we heard that this support may not always be forthcoming. In such cases, the responsibility of identifying support needs and seeking help falls on the member. In the context of a culture that does not support help-seeking, this is clearly unsatisfactory.
285. Mr Ben Hofmann, a lived-experience witness with over 18 years' service in the Army and deployments to East Timor and Iraq, reflected on his deployment experiences. He said members did not feel supported since, as he put it, 'the hierarchy above you would rather fight over the chance to receive medallions or medals when they are not providing the support on the ground'.<sup>351</sup>
286. As another member described in a submission:
- During this period I was posted on a ship where, on multiple occasions I mentioned to my divisional staff that I was struggling with my mental health, ship culture, and interpersonal frictions on board. In response, I was told to 'just deal with it' and do my job as I was fulfilling a deployment requirement and could not be replaced.<sup>352</sup>
287. Commanding officers undertake mandatory mental health training, which varies by service and includes optional additional training for those interested.<sup>353</sup> However, the ADF does not have a direct mechanism to assess individual commanding officers' knowledge or capacity to support the wellbeing of members under their command.<sup>354</sup> In a submission, one member suggested the capability of commanding officers to fulfil this role effectively varies.<sup>355</sup>
288. We acknowledge that command decisions that affect the health and wellbeing of members are important and complex. Significant training and experience is required to effectively administer this responsibility. Although Defence does not directly assess the capacity of individual commanding officers to support the wellbeing of their subordinates, Defence considers that current performance appraisal reporting mechanisms broadly cover this issue.<sup>356</sup>
289. However, unless performance appraisals are designed to consider feedback and insights from the members under command, the appraisals may fail to consider key information. We make recommendations to improve performance appraisals in Chapter 7, Culture and leadership. We also consider how to build the capacity and capability of commanding officers to support health and wellbeing in Chapter 15, Promoting health and wellbeing among ADF members.
290. Other supports outside the chain of command are also available on deployment. Deployed units may have an embedded psychologist or other mental health professional (for example, a medical officer with mental health training), depending on the size and location of the contingent, operational need and availability of resources.<sup>357</sup>

The provision of mental health services and supports relies upon having a sufficiently large, experienced and potentially deployable workforce. However, this workforce is in short supply across Australia, which may impact Defence capability.

291. If a mental health professional has not been deployed, psychological support can be brought to the area of operations if needed, as psychological capability is always on standby and can be provided within 48 hours.<sup>358</sup> Other options may include telehealth and/or arrangements with coalition partners.<sup>359</sup>
292. Chaplains may also be deployed and, if not, their support can be requested via telehealth.<sup>360</sup> Chaplains provide pastoral and religious care to members, including counselling and referrals to mental health professionals or emergency services.<sup>361</sup> Chaplains are also responsible for supporting commanders to exercise their duty of care with respect to subordinates.<sup>362</sup>
293. The psychological support for a specific deployment is detailed in the specific operation's health support plan.<sup>363</sup>
294. Depending on the location, recreational activities may be provided. These activities can include the internet, satellite phones, online streaming networks, gym facilities, 'forces entertainment tours', organised sporting activities, access to libraries, visits to local attractions and short leave.<sup>364</sup>
295. Members can contact their support networks in Australia, including family members, in limited circumstances while deployed.<sup>365</sup> Communication services include the internet, phone and email.<sup>366</sup> Deployed members can email and call Australian phone numbers at no cost via the Defence Protected Network or standing contractual arrangements through satellite and mobile phones.<sup>367</sup> Members are not allowed to use their personal phones while deployed due to security requirements.<sup>368</sup>
296. Communication services may be accessed any time, except where security or other emergency situations prevent this.<sup>369</sup> The level of service may vary, but members will have at least intermittent service on most occasions.<sup>370</sup>
297. The Navy also creates a list of family contacts to update if members enter 'Jupiter State', where no correspondence is allowed outside the ship for security reasons.<sup>371</sup> In Jupiter State, urgent messages can be conveyed using signals to shore locations to forward messages to family.<sup>372</sup>
298. However, Defence states that communicating too often with family can 'cause undue stress and distract you from your mission'.<sup>373</sup> Defence reports that in the last 10 years, deployed members listed 'sorting out stressors at home' among their top five concerns.<sup>374</sup> As such, Defence recommends that members do not become 'overly involved' and families reach an agreement as to how often they will be in contact and what information the member does not wish to know while they are away.<sup>375</sup>

299. In other words, families are encouraged to have frequent and honest communication with deployed members but to limit negative emotions and responses, as they can be difficult to resolve while apart.<sup>376</sup>
300. If a family member needs to get in contact with a member about a significant event in Australia urgently, they can contact the Defence Member and Family Hotline to initiate the 'call home' service.<sup>377</sup> This service relays a message to the member through the chain of command to facilitate contact with home.<sup>378</sup> Additional welfare supports can be organised for the ADF member when they make this call.<sup>379</sup>

### 4.9.3 Post-deployment supports

301. Post-deployments supports are critical, as they provide an opportunity to prevent exposure to traumatic events from escalating to illness or injury. In Chapter 14, Introduction to health care for members and veterans, we note that it is not fully understood why one person may develop post-traumatic stress disorder (PTSD), and another may not, but several risk factors have been identified. These include being exposed to trauma earlier in life, multiple exposures to traumatic events, an absence of social support after trauma and the presence of other major life stressors.<sup>380</sup> In Chapter 21, Moral injury, we consider how moral injury may be a response to events that violate a person's moral or ethical code.<sup>381</sup> In both cases, illness or injury is not inevitable.

### Demounting

302. The administrative requirements for members returning from deployment are referred to as 'demounting' and include logistical tasks, such as undergoing medical screenings and returning equipment.<sup>382</sup> Demounting begins as members prepare to leave the area of operations.<sup>383</sup>
303. Demounting requirements are determined by the Headquarters of Joint Operations Command for each operation and provided to command at the operation, as well as at the parent unit, and to the deploying member in a health support order.<sup>384</sup>
304. Demounting generally occurs over a number of phases, and there is some variance between the Navy, Army and Air Force in terms of the order of phases and terminology used to describe them.<sup>385</sup>

### Mental health screening and supports

305. Defence identifies post-deployment as a period of increased risk for emerging mental health issues for members.<sup>386</sup> This is supported by the literature.<sup>387</sup>
306. Members are screened post-deployment for mental health issues. In Chapter 15, Promoting health and wellbeing among ADF members, we observe that screening is often seen as 'tick and flick', disclosures may not occur and risk factors are not always identified or acted on. In Chapter 15, we also identify opportunities to improve mental health screening, including after deployment, to effectively identify those requiring additional support and/or those who are at heightened risk of suicide, and to ensure that these individuals receive that support.

307. Once a member returns to Australia, they are usually returned to the responsibility of their parent unit.<sup>388</sup> Activities and processes designed to assist with re-adjustment to home life, and regular work depend on the command of the parent unit.<sup>389</sup>
308. While many members successfully reintegrate home after a deployment, for those who do not, the mental health impacts can be complex and significant. In its post-deployment communications materials, Defence encourages members and their families to be on the lookout for symptoms of PTSD, violent behaviour and suicide ideation.<sup>390</sup> Defence identifies signs of mental ill health as including:
- aggressive acts
  - suicidal thoughts and feelings
  - fits of rage
  - hypervigilance
  - increased drug and alcohol use
  - risky driving.<sup>391</sup>
309. The Transition and Wellbeing Research Programme suggests that rates of mental disorder in members tend to worsen over time, and that members who have transitioned out of Defence are particularly at risk.<sup>392</sup> This is consistent with our understanding that latent harm and exposure to risk factors and stressors are cumulative. It is another reason why we sought to interrogate Defence's long-held assertion that 'service is protective',<sup>393</sup> since the evidence on which this claim is based ignores that harms, traumas and stressors experienced during service may not manifest until after a member has separated.

## Homecoming

310. In terms of what is offered to members post-deployment, there appears to be very limited standardisation of support or accountability for it, including how commanders need to support readjustment outside administrative requirements.<sup>394</sup>
311. To assist members preparing to return from deployment, the *Homecoming Guide* was developed in collaboration with the now disbanded 1st Psychology Unit.<sup>395</sup> All members are given a copy of the guide at the end of a deployment.<sup>396</sup>
312. The guide states that even though homecoming from deployment is usually associated with positive feelings, it can also cause stress and anxiety.<sup>397</sup> The guide provides tools and techniques for dealing with issues that may arise during the transition home.
313. Members are encouraged to give copies of the guide to significant others, including family members.<sup>398</sup> It includes specific guidance for partners and single parents, and discusses how children may be affected by their parent's deployment.<sup>399</sup>

314. In addition to the homecoming guide, Defence Member and Family Support may be engaged to provide a post-deployment brief to families in preparation for the member returning home.<sup>400</sup> The brief encourages families to contact the chain of command, local unit chaplains, Defence Member and Family Support Helpline, Open Arms, their local GP, counselling hotlines and informal supports.<sup>401</sup>

## Decompression

315. Despite the guide being given as a matter of course, processes and requirements otherwise vary between services, are different for different operations and ultimately remain at the discretion of command.<sup>402</sup>
316. This inconsistency was reflected in testimony provided to the Royal Commission. One witness, Mr Hofmann, reflected positively on the Army's understanding of the need for 'decompression', which is time spent doing low-key activities with unit members before going on leave post-deployment and being reunited with their family, saying:

Decompression is something very well done by the Australian Army ... You don't just come back from operations and go on leave because it is too much for the service personnel and for the families. You come back for a couple of weeks, come to work, [do a] bit of PT [physical training], bit of compulsory training or whatever, and you settle back into life in Australia. Then, say, after two weeks, then you go on leave. So you can settle back in.<sup>403</sup>

317. However, Mr Justin Huggett, an Army veteran with five overseas deployments, described a very different experience, including a lack of de-briefing and immediate separation from the members with whom he had been deployed. He said:

we don't do decompression well. Our decompression is more or less non-existent. I know that I directly attribute the start and probably a portion of that issue coming home in 2007 [my difficulty relating to people who had not been on deployment] from the way that I was brought home ... I didn't get a chance to be briefed and say goodbye to the blokes I had been working with and sharing all these horrible moments with.<sup>404</sup>

318. A parent of a soldier recounted a similar lack of meaningful support post-deployment for their 20-year-old child following combat experience in Afghanistan, writing:

It was [on their] return from deployment that we began to notice the changes in [their] behaviour, more withdrawn, hyper vigilant and an increase in [their] alcohol consumption. There was no transition period given from deployment to regular work. They were given 2 x 10 minute debriefings, which were voluntary and timed for when the soldiers were on leave so not many attended. No follow up counselling was given. No advice to family was given about how to look out for symptoms of PTSD. There is no regular follow up to see how the soldiers are coping.<sup>405</sup>



319. Lieutenant Colonel David Ready, the then Commanding Officer of the 39th Operational Support Battalion, confirmed that inconsistencies in post-deployment support partly reflect command's discretion to take the course of action they consider most appropriate. Lieutenant Colonel Ready said:
- it is a decision by command at that point in time as to whether it is more beneficial to send the member back to their home unit, or decompress and start that decompression as a collective before you get sent home to your unit. So, it is a balance or a trade-off between reintegration with family or decompression as a collective and then reintegration with family.<sup>406</sup>
320. Brigadier Fegan, then Commander of the 3rd Combat Brigade, reflected on his own experience of returning home after deployment in Afghanistan. He said that the 10 days of rest he was given was 'probably about right', but noted that some other individuals 'required longer periods of time for particular reasons and that was afforded to them'.<sup>407</sup>
321. We acknowledge that those in command may wish to ensure that members are returned to their families as quickly as possible. That is only natural. However, in some circumstances, it may be in the best interest of the member, and their family waiting at home, to provide a safe place for the member to decompress and start the readjustment process before returning to civilian surrounds. It falls on the organisation and command to make those assessments.<sup>408</sup>
322. Defence indicated that it provides guidance to commanding officers on the administrative requirements of demounting, but this does not appear to extend to how to support members to readjust to home life.<sup>409</sup> In any case, the ADF does not directly assess commanding officers' capacity to support the wellbeing of members under their command in any formal or standardised way.<sup>410</sup>
323. Similarly, there appears to be no handover (other than an administrative handover) for members who deploy as individuals (such as Navy clearance divers) from their commanding officer on deployment to their unit at home.<sup>411</sup>
324. It is our view that the handover of a member to their parent unit should, with member consent, include information on potential stressors experienced by the member while deployed, so that command is better placed to provide support.
325. While we accept that different operational, unit and individual needs may warrant different supports, we are concerned that commanding officers do not receive sufficient guidance in the exercise of their discretion on the matter of post-deployment support. This includes an understanding of which interventions are the most effective under which circumstances. For instance, while Lieutenant Colonel Ready argued that the family reintegration briefing is 'important' to prepare members for the stressors associated with re-entry into the family environment, it is not mandatory. He said he was not aware of any reason it should not be made mandatory.<sup>412</sup>

326. A number of overseas jurisdictions have implemented specific programs following deployment that focus on psychoeducation and decompression.<sup>413</sup> These programs sound very positive, but there is little high-quality research on their effectiveness at supporting successful reintegration.<sup>414</sup>
327. There is a missed opportunity to make better use of the evidence and institutional knowledge of common post-deployment experiences. We encourage Defence to invest in evaluation to identify what interventions are most effective under different circumstances. A more structured approach to post-deployment supports could also provide members and their families with more certainty and help manage expectations.
328. In 2023, Defence indicated that a review of demounting processes for warlike and non-warlike deployments was underway.<sup>415</sup> The review considered the introduction of a 'centralised, standardised and repeatable demounting process to specified Operations to ensure a duty of care for returning Defence members'.<sup>416</sup> However, the review was limited to the administrative requirements of demounting and was not designed to assess psychosocial aspects of reintegration, such as the importance of decompression with colleagues.<sup>417</sup>
329. In 2024, the Commonwealth advised that Defence intends to 'develop a standardised process for decompression' for members assigned to Headquarters, Joint Operations Command.<sup>418</sup> This is a welcome development. We reiterate that Defence should currently be investing to ensure supports for deploying members and their families are fit for purpose, evidence based, world leading and achieve intended outcomes, well in advance of any significant engagement of the Australian Defence Force in operational activities.
330. We are therefore disappointed that Defence considers the evaluation of post-deployment and reintegration supports to be a matter for the services.<sup>419</sup> We urge Defence to reconsider the adoption of an enterprise-wide approach that encourages best practice.
331. In our view, post-deployment psychoeducation supports should be standardised and routinely offered to members and their families to ensure consistency across the services and assist in home reintegration. Defence should ensure post-deployment mental health training is part of a continuum of training through a member's career that addresses common issues that arise on entering and exiting operational activities. Among the issues this training should cover are grief, hypervigilance, rigid thinking, aggression, sleep issues, alcohol use, autonomy, emotional restriction and interpersonal relationships.
332. In many ways, these psychosocial challenges echo the experience of many members when they separate from the ADF and transition into civilian life. In Chapter 23, Transition from military to civilian life, we describe the 'culture shock' members may experience when they enter civilian life and the challenge of building relationships with people who do not share the experience of service life. We also discuss the impact that moral injury and emotional dysregulation, including problematic anger, can have on transition outcomes.

## 4.9.4 The need for respite

333. Defence defines 'respite' as 'the period of time after a deployment during which a member is to recuperate and accomplish outcomes or objectives'.<sup>420</sup> It is designed to give the member the opportunity to:

- recover from a deployment
- clear their accrued leave
- maintain or improve overall mental fitness and wellbeing
- seek wellbeing support and pastoral care
- establish/re-establish and maintain bonds and relationships with family, friends and community
- undertake career and promotion courses
- undertake development opportunities
- participate in training.<sup>421</sup>

334. As set out in section 4.7.4, the *Afghanistan Inquiry Report* of the Inspector-General of the Australian Defence Force noted that a lack of 'dwell time' between operational deployments meant that members had a reduced opportunity to recover psychologically and to reset their 'moral compass'.<sup>422</sup> The inquiry noted that Defence policy required a period of at least 12 months between deployments, consistent with psychological research, but found that waivers were frequently issued over the course of a decade in which there were many high-intensity deployments.<sup>423</sup>

335. The respite policy that Defence developed in response to the Inspector-General's inquiry is now included in the Military Personnel Policy Manual; however, it only applies as a matter of course to members who have completed a named warlike operational deployment.<sup>424</sup> The policy sets default provisions for respite, including:

- that there is no mandated respite for members deployed for less than 4 months (cumulatively) in a 12-month period
- that there is 12 months of mandatory respite for members deployed for between 4 and 6 months (cumulative) in a 12-month period
- that mandatory respite must be twice the length of a cumulative deployed period where it exceeds 6 months, (and it is to commence after the deployment where the 6-month threshold was exceeded).<sup>425</sup>

336. Members are informed of the respite requirement pre-deployment and must confirm that they are not breaching the respite policy by being deployed on the forthcoming operation.<sup>426</sup>

337. Members who are within a mandatory respite period can still be deployed at the discretion of command on the condition that they participate in an individual welfare board hearing to discuss the commanding officer's statement of reasons for reducing the respite period.<sup>427</sup> A draft of this statement is to be submitted to Headquarters, Joint Operations Command, Director General Support to confirm that a valid replacement cannot be provided by other services and that the capability provided by that member is critical to the success of the operation.<sup>428</sup> Given what we have been told about the culture in the ADF, and the fact that by this process, operational capability again takes precedence over member wellbeing, we do not consider this to be any sort of safeguard whatsoever.

## What the new respite policy does and does not cover

338. The respite policy was established in the wake of an interim policy that was instituted following the release of the *Afghanistan Inquiry Report*. The interim policy applied to all members who had deployed on operations for longer than 4 months, including those classified as non-warlike and peacekeeping operations.<sup>429</sup> In its final form, the policy only provides mandated respite to members who have deployed on 'named warlike operations', although command or career management agencies may consider applying the policy to other members who are 'absent from their home location for significant periods on non-warlike operations, or other arduous deployments'.<sup>430</sup>

339. Along with this change, the final policy adopts a 'bracketed' approach to respite that provides for varying durations of respite based on cumulative deployment time in a 12 month period.<sup>431</sup> The aim of this change was to provide greater respite time for those undertaking long deployments (6 months or longer) and also to prevent members from being deployed many times for short periods without respite.<sup>432</sup> The Royal Commission finds it encouraging that these specific considerations were written into the policy.

340. The Afghanistan Inquiry Implementation Oversight Panel provided independent oversight and assurance of Defence's response to the Afghanistan Inquiry.<sup>433</sup> Panel members were concerned with whether the effectiveness of the policy, and indeed its integrity, may be undermined by respite being cut short by waivers as had occurred in the recent past.<sup>434</sup>

341. We share this concern. We heard that in the past, respite and entitlements policy was sometimes circumvented (for example, by setting deployment dates to cease a few days before entitlements accrued).<sup>435</sup> We expect Defence to be alive to these concerns and learn from the past to ensure that such behaviour is not repeated. We also consider that the limited application of mandated respite to members who deploy on 'named warlike operations' is troubling for two reasons.

342. First, this limitation may mean that mandated respite will only be applicable to a minority of members. Only members who have deployed on a named warlike operation are entitled to mandated respite. Other members who are 'absent from their home location for significant periods on non-warlike operations, or other arduous deployments' must rely on the discretion of command.<sup>436</sup> Under the *Military Rehabilitation and Compensation Act 2004* (Cth), as of 2022, 18 operational

deployments had been named 'warlike', while 27 operational deployments had been named 'non-warlike'.<sup>437</sup> Further, at the time of this compilation, there were twice as many ongoing non-warlike operations as warlike operations.<sup>438</sup>

343. Second, the policy does not address the issue of respite for any other members experiencing fatigue or burnout due to hollowness in the workforce.
344. Defence witnesses have agreed that members on any kind of deployment may experience 'exposure to potentially traumatic events' while also 'being separated for long periods of time and other operational stressors'.<sup>439</sup> This includes the impacts of the 'unrelenting tempo' of the bushfire, flood and COVID-19 responses, which have required the deployment of ADF support.<sup>440</sup>
345. Brigadier Foxall described a 'very, very busy' period in 2022 when his troops moved from providing 2 years of support to COVID-19 Assist, 'which saw Australian soldiers who signed up for different reasons guarding Australians in a hotel', straight into bushfire recovery and then to Flood Assist deployments.<sup>441</sup> He said this pressure had an 'unintended effect of condensing our training period',<sup>442</sup> as it 'metastasised and [grew] into feeling very busy and very, very engaged'.<sup>443</sup>
346. One member described in a submission his experience of fatigue while deployed in the COVID-19 response, saying:

we were doing it with very little training and very little respite. I was at tipping point. I was called in to see the Command Team after failing to immediately submit a report coming off night shift twice in a row. They attempted to dress me down and reprimand me after I had informed them I am extremely exhausted following my two long night shifts and I am high emotion. But they persisted – and I snapped. I called them out for their mismanagement, their ridiculous expectations of us, and their blatant disregard for our safety – forcing us to be over-worked and drive long distances [and] being fatigued.<sup>444</sup>

347. Another member described in a submission how the ongoing demand for ADF support in natural disaster responses contributed to burnout and voluntary separation as members sought 'greener pastures'.<sup>445</sup> He wrote that '[a]n already understaffed, overworked and highly strained workforce has yet again been asked to do more'.<sup>446</sup>
348. Given the workforce pressures the ADF is facing and the consequent temptation to sacrifice respite to deliver on operational requirements, it is disappointing that Defence did not endorse or embed a broader application in the policy as published. The Chief of Army, Lieutenant General Stuart, agrees the policy is not sufficient.<sup>447</sup> He confirmed that mechanisms other than enterprise-level policy are used to deliver much needed respite for members.<sup>448</sup> After all, 'the corollary of high tempo is a need to give respite to ADF members to enable them to recuperate'.<sup>449</sup> This is important to maintain member and therefore Defence capability.

349. Similarly, the Commonwealth advised that the Navy has developed its own 'Separated Service Threshold' in the Navy Personnel Manual 'to manage the cumulative effects of non-warlike deployments', and it aims for members to return home for 290 days over any 2-year rolling period.<sup>450</sup> While this is a welcome development, it demonstrates that the enterprise-wide policy is inadequate to meet the respite needs of the diverse ADF workforce.
350. A Commander of the Special Air Service Regiment reflected that the 'fatigue experienced by the workforce appears to be more the result of the broader demands of career progression and other activities rather than the operational demand'.<sup>451</sup>
351. A Deputy Commander of the Special Air Service Regiment agreed and proposed that respite should be granted for activities and demands '[other] than operational deployments'.<sup>452</sup> He said it was important for respite to be granted or mandated in consideration of activities, such as 'extended duty hours; attendance on courses, exercises and conferences', and participating in subject-matter expert exchanges'.<sup>453</sup> He continued:
- Simply extending time between operational deployments is not enough, and respite must be considered for any time away from home, regardless of the reason. Managing a holistic respite policy is currently problematic because of the demands of capability delivery and the difficulty in tracking the required data (days out of bed). It is incumbent upon those of us in command positions to develop a satisfactory solution to this challenge, a challenge that is the subject of ongoing work in SASR [the Special Air Service Regiment].<sup>454</sup>
352. We encourage Defence to consider the goal of the Special Air Service Regiment to monitor how many nights members are absent from home and provide respite according to this count to manage fatigue and reduce burnout. Defence should leverage pragmatic approaches like this that are being developed across the ADF when considering whether an individual is due for or would benefit from respite.
353. We agree that the availability of respite should be linked to a broader range of factors beyond 'arduous deployments'. It is clear that respite is required in the face of a range of intense job demands, not only those of warlike operational deployments. Mr John Love, Assistant Secretary for Work Health and Safety in the Department of Defence, told us that 'fatigue is a hazard, a psychosocial hazard'.<sup>455</sup> Mr Matt Yannopoulos PSM, Associate Secretary of the Department of Defence, agreed and said that respite was one control for fatigue.<sup>456</sup> Psychosocial risks and Defence's approach to mitigating them are discussed further in Chapter 11, Governance and accountability in Defence.
354. Defence conducted a review of its workforce fatigue management approach, which it reported in November 2023. Among other things, the review found that 'in comparison to industry and other contemporary military organisations, the ADF lacks the appropriate risk controls, and is not resourced or equipped to manage its key fatigue risk exposures'.<sup>457</sup> It is disappointing this work was not completed during the lifetime of the Afghanistan Inquiry Reform Program. It is important work that was well overdue.



355. Respite, fatigue and work health and safety are closely related. We consider how Defence manages psychosocial risk through work health and safety systems in Chapter 13, Oversight of Defence workplace health and safety.
356. Finally, it is unclear to us how the new respite policy addresses the concerns of the *Afghanistan Inquiry Report* about the effect of combat exposure on one's 'moral compass'.<sup>458</sup> In the report, the Inspector-General of the Australian Defence Force wrote:
- an individual's moral compass can shift under the influence of the [deployed] environment ... As one [witness to the inquiry] put it, each time you pull the trigger with a live target in the sights, it becomes easier.<sup>459</sup>
357. This happens in isolation 'from the norms of Australian society, and out of sight of those whose supervision or presence would ordinarily impose restraints on behaviour'.<sup>460</sup>
358. The respite policy does not address issues of culture or ethics other than the physical removal of personnel from a combat zone. After members return home, they remain embedded within the culture of their deployed unit and/or broader Defence culture, which is also geared towards deployment.<sup>461</sup> It is not clear that simply not being deployed for a certain time is enough to 'reset' members' 'moral compass'. This needs to be better understood.
359. Defence should implement a structured, comprehensive approach to respite with clear aims. The current approach is incomplete, and we are concerned these gaps effectively transfer the burden of managing the physical and mental impacts of deployment and other activities to members.

## **Recommendation 5: Support all serving members to decompress, rest and reintegrate, especially after high-risk experiences**

Defence should:

- (a) implement a clear and consistent framework for post-deployment supports for members and their families that addresses the psychosocial aspects of reintegration. This should include:
  - (i) an evidence-based approach to decompression and reintegration that allows for individual needs, informed by experience in comparable industries such as emergency services
  - (ii) training that addresses common issues that arise on entering and exiting operational activities, which may include grief, hypervigilance, sleep issues, excess alcohol use and aggression
  - (iii) with members' consent, a handover from their commanding officer on deployment to their commanding officer at home that identifies stressors experienced by the member on deployment
- (b) implement a structured and comprehensive approach to respite across the Australian Defence Force (ADF) that is not limited to 'arduous deployments' and that addresses fatigue across the workforce
- (c) analyse data collected on high-risk experiences, including deployments, to derive lessons for improved risk and fatigue management across the organisation and build a better understanding of the future physical and mental health needs of ADF members and veterans.

## 4.10 Conclusion – deployments

360. While deployments are sought after by many members as an opportunity to put their skills and training to the test, to learn, and to receive professional recognition and financial reward, being deployed can also have negative impacts on the health and wellbeing of members.
361. Decisions about deployment are made by the chain of command with little input from members. Operational needs are always, and to a degree, necessarily, at the forefront of decisions; however, this means that the health and wellbeing of individual members may be sacrificed to the interests of the mission.
362. Commanding officers are also responsible for the wellbeing of their members, including their wellbeing while on deployment. We are not convinced that commanding officers have the capability and support to meet this responsibility in the context of competing objectives.
363. We are also concerned that supports provided to members before, during and after deployment are not supported by evidence. Respite is essential, not only for members who deploy on warlike operations but for all members who experience periods of high stress and high demands. Despite workforce challenges, Defence will only find its recruitment and retention problems magnified if it is unwilling and unable to provide members with the respite they need and the post-deployment support that allows them to reset and recalibrate.

## Endnotes

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- 30 Exhibit 68-02.004, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-220, Military Personnel Policy Manual, DEF.1220.0002.0001 at 0444 [1.6]; Exhibit 68-02.005, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-164, ADF Philosophical Doctrine – Personnel, DEF.1164.0006.0013 at 8768 [1.6]; Exhibit 68-02.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-124, DEF.9999.0096.0001 at 0029 [114], 0031 [120], 0033 [129–139].
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- 432 Exhibit 99-01.013, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-346, Chiefs of Services Committee Agendum 750 of 2022 – Respite Policy – Sponsor's Executive Summary, DEF.1346.0002.0004 at 0007–0008.
- 433 Exhibit 94-03.011, Hearing Block 12, Attorney-General's Department, Response to Notice to Produce, NTP-AGD-001, Terms of Reference: Afghanistan Inquiry Implementation Oversight Panel, DEF.1151.0008.0001 at 0001.
- 434 Exhibit 73-01.042, Hearing Block 10, Department of Defence, Response to Notice to Produce, NTP-DEF-151-02, Afghanistan Inquiry Implementation Oversight Panel Quarterly Report Number 9, DEF.1151.0001.0093 at 0096.
- 435 Exhibit U-01.002, Witness Statement of [Redacted], WIT.0000.0001.0001\_R at 0040.
- 436 Exhibit 99-01.016, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-342, Military Personnel Policy Manual, DEF.1342.0001.0606 at 1203.
- 437 *Military Rehabilitation and Compensation (Warlike Service) Determination 2019* (Cth) sch 1; *Military Rehabilitation and Compensation (Non-warlike Service) Determination 2019* (Cth) sch 1.

438 *Military Rehabilitation and Compensation (Warlike Service) Determination 2019* (Cth) sch 1;  
 439 *Military Rehabilitation and Compensation (Non-warlike Service) Determination 2019* (Cth) sch 1.  
 440 Transcript, Jennifer Wheeler, Hearing Block 5, 28 June 2022, p 38-3660 [26–27].  
 441 Exhibit U-01.002, Witness Statement of [Redacted], WIT.0000.0001.0001\_R at 0039.  
 442 Transcript, Nicholas Foxall, Hearing Block 9, 18 May 2023, p 61-5943 [14–27].  
 443 Transcript, Nicholas Foxall, Hearing Block 9, 18 May 2023, p 61-5943 [29].  
 444 Transcript, Nicholas Foxall, Hearing Block 9, 18 May 2023, p 61-5943 [37–38].  
 445 Name withheld, Submission, ANON-Z1E7-QZP6-R, p [3].  
 446 Name withheld, Submission, ANON-Z1E7-QQ22-D, p [3].  
 447 Name withheld, Submission, ANON-Z1E7-QQ22-D, p [3].  
 448 Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9941 [36–39].  
 449 Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, pp 98-9940 [44]–98-9941 [15].  
 450 Exhibit U-01.002, Witness Statement of [Redacted], WIT.0000.0001.0001\_R at 0039.  
 451 PFLR-33 (Deployments, Commonwealth response), PFL.0007.0002.0304 at 0331–0332.  
 452 Exhibit 62-01.003, Hearing Block 9, Commander Special Air Service Regiment, Redacted  
 Witness Statement, DEF.9999.0080.0080 at 0099 [59].  
 453 Exhibit 62-04.004, Hearing Block 9, Deputy Commander Special Air Service Regiment,  
 Redacted Witness Statement, DEF.9999.0080.0108 at 0118 [27].  
 454 Exhibit 62-04.004, Hearing Block 9, Deputy Commander Special Air Service Regiment,  
 Redacted Witness Statement, DEF.9999.0080.0108, at 0118 [27].  
 455 Exhibit 62-04.004, Hearing Block 9, Deputy Commander Special Air Service Regiment,  
 Redacted Witness Statement, DEF.9999.0080.0108 at 0118 [27].  
 456 Transcript, Hearing Block 12, John Love, 19 March 2024, p 95-9592 [23].  
 457 Transcript, Hearing Block 12, Matthew Yannopoulos, 25 March 2024, pp 99-1092 [24–31], 99-  
 1013 [46]–99-1014 [1], 99-1014 [21–22].  
 458 Exhibit 95-01.033, Hearing Block 12, Enterprise Initiative 34 – Closure Report, Review  
 Defence Workforce Fatigue Management Approach, DEF.1333.0002.0354 at 0354–0355.  
 459 Inspector-General of the Australian Defence Force, *Afghanistan Inquiry Report*, p 337 (Exhibit  
 35-02.014, Hearing Block 5, DEF.1024.0001.0002).  
 460 Inspector-General of the Australian Defence Force, *Afghanistan Inquiry Report*, p 332 (Exhibit  
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 461 Inspector-General of the Australian Defence Force, *Afghanistan Inquiry Report*, p 332 (Exhibit  
 35-02.014, Hearing Block 5, DEF.1024.0001.0002).  
 462 A Hocking, 'Preparing for the Future: Key Organisational Lessons from the Afghanistan  
 Campaign', *The Vanguard*, No. 2, 2022, p 40 (Exhibit 75-02.022, Hearing Block 10,  
 STU.0009.00001.0498).

## 5 The military employment classification system and medical separation

### Summary

Medical separation occurs when the Australian Defence Force (ADF) determines that a member is no longer able to serve due to illness or injury. It is regarded as involuntary separation.

Medical separation is strongly associated with veteran suicide and suicidality. It is also linked with poorer outcomes following a member's transition into civilian life, including their health, education, employment, income and housing.

The growing rate of medical separations is a significant cause for concern. Defence has not done enough to investigate the causes of this trend.

A member's medical separation from the ADF is a direct product of the operation of the military employment classification (MEC) system. On recruitment, the ADF assigns each member a classification to reflect their medical and dental fitness to be deployed on active duty and otherwise employed. The ADF regularly reviews their classification during service, and will also review it if a member becomes ill or is injured.

A reduced classification can limit a member's career prospects within the ADF. There is little opportunity for the member to participate in this decision, which has a major impact on their career. This is despite Defence policies requiring procedural fairness.

The threat of a reduced classification can prevent ADF members from seeking help for illness or injury. In the absence of appropriate medical care, their condition can deteriorate significantly. This is exacerbated by cultural norms that privilege strength and fear weakness.

Some members are forced to leave after receiving a classification downgrade impacting their deployability. This is despite opportunities for the ADF to continue to employ and invest in these members and benefit from their capabilities. So, as well as the harm experienced by members who are involuntarily medically separated, the ADF wastes valuable skills and experience at a time when it is experiencing a recruitment and retention crisis.

In this chapter, we examine the MEC system and the relationship between medical separation and suicide risk. We recommend changes to the operation of the classification system to better safeguard the wellbeing of members.

## 5.1 Why we need to address the military employment classification system and medical separation

1. Medical separation is a known risk factor for suicide and suicidality in ex-serving members. It is linked to the military employment classification (MEC) system, which is a workforce management tool that allows command to determine how much of its workforce is instantly deployable.

### 5.1.1 Terms of reference

2. Our terms of reference require this Royal Commission to examine matters including:
  - b. a systemic analysis of the contributing risk factors relevant to defence and veteran death by suicide, including the possible contribution of pre-service, service (including training and deployments), transition, separation and post-service issues, such as the following:

...

    - iii. the manner or time in which the defence member or veteran transitioned from the ADF [Australian Defence Force] or transitioned between service categories<sup>1</sup>
    - iv. the availability, accessibility, timeliness and quality of health, wellbeing and support services (including mental health support services) to the defence member or veteran, and the effectiveness of such services.<sup>2</sup>
  - c. the impact of culture within the ADF, the Department of Defence and the Department of Veterans' Affairs on defence members' and veterans' physical and mental wellbeing.<sup>3</sup>
3. In this chapter, we discuss the links between illness and injury, the MEC system, medical separation, and suicide and suicidality. While we note that not all medical separations are a matter of concern, the evidence before this Royal Commission indicates many are implemented against the member's wishes and in circumstances in which they could continue to make a positive contribution to the ADF.
4. We explore possible drivers for the rising rate of medical separations, including ADF culture, and policies and procedures for determining members' medical fitness to deploy.
5. First, we discuss the links between medical separation and suicidality, and set out our concerns regarding the significant increase in medical separation rates in recent years.
6. Next, we describe the MEC system, which is the framework to assess members' medical fitness to deploy overseas. The framework aims to maintain the ADF's operational capability. We consider how a MEC Review Board Chair decides whether to label a member as undeployable, and how the member can participate in that process.

7. We make recommendations on how to improve the procedural fairness of the Review Board process and ensure members provide informed consent when signing papers regarding their service.
8. Following this, we consider ADF culture and the stigma associated with physical or mental illness and injury. This includes a fear that disclosing illness or injury will lead to a medical downgrade and loss of deployment and financial opportunities. We discuss how this impacts members' help-seeking behaviours and injury prevention and management.
9. Finally, we explore opportunities to retain the skills and experience of ADF members who are found to be undeployable but are employable. We recognise the momentum towards greater retention and consider how the MEC system could be used to support this.
10. In addition, we emphasise the need for a more strategic approach to retention that identifies an appropriate balance between deployable and undeployable personnel. It should also identify opportunities to use roles currently filled by Australian Public Service (APS) staff and private contractors to retain undeployable ADF members, as well as a fair and consistent approach to identifying alternative roles.

### 5.1.2 Risks associated with medical separation

11. Medical separation is associated with a range of poor outcomes, including increased risk of mental ill health, and suicide and suicidality. An Australian Institute of Health and Welfare (AIHW) analysis found that involuntary medical separation is a significant risk factor for suicide.<sup>4</sup> This is why we consider it critical to address medical separation.

#### Medical separation is associated with suicide

12. In Chapter 1, Understanding suicide, we discuss our findings on the prevalence and significance of defence and veteran suicide. Our research found that ex-serving males who served in the permanent forces and who separated involuntarily for medical reasons are 2.84 times (184%) more likely to die by suicide than Australian males.<sup>5</sup>
13. Ex-serving females who served in the permanent forces and separated involuntarily for medical reasons are almost five times (398%) more likely to die by suicide than Australian females.<sup>6</sup>
14. Medical separation is also associated with an increased risk of 'suicidality' – suicidal thoughts and behaviours such as considering life not to be worth living, feeling so low as to consider ending their own life, making a suicide plan or attempting suicide.
15. The Transition and Wellbeing Research Programme Mental Health and Wellbeing Transition Study, commissioned by Defence, examined this issue in depth. Ex-serving participants who had been medically separated had an estimated prevalence of any form of suicidality of 42.6% for the previous 12 months. Those reporting another reason for leaving the ADF had a significantly lower estimated prevalence of 16%.<sup>7</sup>

16. Notably, 20.3% of participants who were medically separated reported having made a suicide plan in the past 12 months, compared to 4.6% of those who had another reason for leaving. Of participants who were medically separated, 6.6% reported making a suicide attempt in the past 12 months, compared with 0.9% of members who had another reason for leaving.<sup>8</sup>
17. Medically separated participants were also significantly more likely than those who had not been medically separated to report feeling their life was not worth living and that they were so low they had thought about ending their own life in the previous 12 months.<sup>9</sup>
18. These findings of substantially higher risk associated with medical separation are consistent with quantitative analysis conducted by the AIHW, a literature review we commissioned from Phoenix Australia, and thematic and qualitative analysis by the Australian Commission on Safety and Quality in Health Care.<sup>10</sup>
19. The MEC process, which can lead to members being separated on medical grounds, may also be a contributing factor to suicide. This risk sits beside other contributing factors, such as the injury or illness itself, the process leading to separation and the medical separation itself. The ADF Directorate of Select Strategic Issues Management reviewed the analysis of the Inspector General of the ADF's report on deaths by suicide between June 2016 and June 2022. It found:
  - Sixteen out of 57 members (28%) who died by suicide had exhibited one or more potential indicators of reluctance to engage in mental health treatment. More than half of those reluctant to seek help (9 out of the 16 members) said this was due to concern about the impact treatment or diagnosis would have on their career.
  - Out of those whose MEC classification was specified, 52% were not able to be deployed and 45% were considering or in the process of transitioning.<sup>11</sup>
20. A 2012 report commissioned by Defence called the *Suicidality in the Australian Defence Force: Results from the 2010 ADF Mental Health Prevalence and Wellbeing Dataset* demonstrated a robust link between the risk of suicidality and stigma to seeking care. The study also found the risk of non-lethal suicidality appeared greater for ADF members who perceived they would be stigmatised if they sought help for stress or emotional, mental health or family reasons.<sup>12</sup>
21. Most notable was the expectation that personnel would be treated differently if they accessed help, with inflated odds of suicide attempts of 4.73 times, and the concern that personnel would be seen as weak if they sought assistance, with inflated odds of suicide attempts of 3.93 times.<sup>13</sup>

## Medical separation is associated with poorer lifetime wellbeing

22. The *Mapping Service and Transition to Self-Harm and Suicidality* report we commissioned found:

Involuntary separations result in more negative outcomes than for those who choose and plan the end of their military career. When transition is also entwined with experiences of trauma – such as military administrative or disciplinary action – the risk compounds.<sup>14</sup>



23. In addition to the links with suicidality, members who separate from the ADF for medical reasons are more likely to have poorer transition outcomes and a range of negative lifetime wellbeing outcomes. We discuss the health status of ex-serving members in Chapter 14, Introduction to health care for members and veterans, including the increased prevalence of long-term health and mental health conditions.

24. We were told repeatedly in hearings and submissions about how medical separation adversely impacted ex-serving members' mental health. In hearings, we heard evidence from lived experience witnesses who spoke to their experiences of medical discharge:

It was horrendous. That's probably the best way to put it. I left with a kick in the butt and a thank-you note literally in my back pocket ...

[My mental health] started to deteriorate really badly, considering how well I'd been going and getting back on the horse and getting going again.<sup>15</sup>

25. Another witness spoke about how their medical discharge led them to think of suicide:

By the time I was discharged on that day, [I was] presented with a Certificate of Service. It was very informal, in a senior officer's office, and that was it. A handshake and I was out ...

It's ruined my life really – in a lot of ways – but I'm still here, so I can be grateful for that. If it wasn't for my wife and my children, I probably wouldn't be here. I thought about suicide a lot.<sup>16</sup>

26. We also heard about the loss of purpose that can be experienced alongside the loss of career when medical separation occurs without appropriate transition supports:

I loved serving. Serving was great. I loved the job, I loved what I did. It was a career. It provided for my family ... I would still be in there, no doubt, had that not happened to me medically ...

But I can tell you now, there was no transition back in my day that I can remember, unless you had done 20 years' service ...

by the time I was discharged, I was not receiving any medical treatment from them [the ADF] and any medical treatment after that discharge I was paying for to a certain degree.<sup>17</sup>

27. Submissions from ex-serving members suggested the medical separation process contributed to a decline in their mental health.<sup>18</sup> For example, one member who was medically separated due to physical health issues wrote:

My medical discharge is related to physical injuries; there [are] no mental issues related to my discharge. However, as a direct result of the MEC discharge process, my mental health has significantly deteriorated to a level that I will be in a worse state of mental health leaving [the] ADF from when I began the process.<sup>19</sup>

28. In other submissions, ex-serving members linked medical separation to a loss of purpose and identity, social isolation, and a lack of respect and recognition for their service.<sup>20</sup> For example, one wrote:

My medical discharge from the ARA [Australian Regular Army] only magnified my mental health issues. Despite all that I had endured, it was at this time I felt the loneliest. Like a nobody, like I did not matter.

Everything I had known since finishing high school was the ARA. After 15 years of service, having a purpose, a uniform, a rank and a job I was proud of, I was ushered out the back door and had a certificate sent in the mail – this was hard to absorb.<sup>21</sup>

29. Another ex-serving member described how a negative medical separation experience can impact attitudes towards post-service care:

Those who have been medically discharged are generally suffering at least from grief and loss regarding their chosen career, often feeling that their role and service are not acknowledged, and this contributes to their difficulties and impatience with the care-seeking process.<sup>22</sup>

30. The research literature confirms that medical separation is associated with a range of negative outcomes for members' lifetime wellbeing, compared to voluntary separation. They include:

- harmful drinking<sup>23</sup>
- financial stress and lower income<sup>24</sup>
- poorer educational outcomes<sup>25</sup>
- poorer self-perceived health, satisfaction and quality of life<sup>26</sup>
- increased likelihood of homelessness<sup>27</sup>
- social isolation and a lack of identity<sup>28</sup>
- a reduced sense of agency and security.<sup>29</sup>

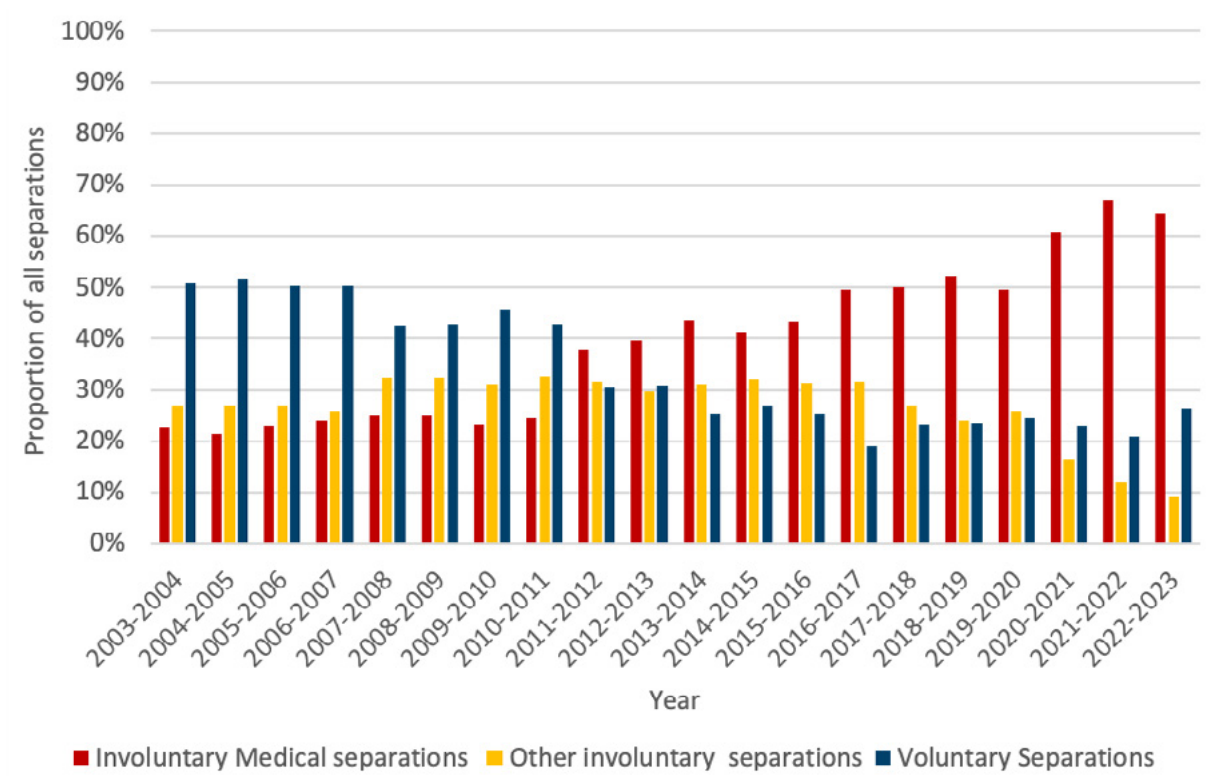
31. As we discuss in section 5.2, members have limited opportunities to participate in a decision to medically separate them from the ADF. This may exacerbate a feeling of loss of control.

## **Rates of medical separation are growing**

32. Under the *Defence Regulation 2016* (Cth), the Chief of the Defence Force may terminate a member's service if they are medically unfit for service.<sup>30</sup> Medical separations are a significant and growing proportion of all separations from the ADF. In 2022, around a quarter of separations (26.6%) were for medical reasons.<sup>31</sup> This includes members who transferred to the reserves.

33. The rates of medical separation across the three services were roughly consistent. In 2022, they were slightly higher in the Navy and Army (27.7% and 27.2%, respectively) compared to the Air Force (23.6%).<sup>32</sup> Again, this includes members who transferred to the reserves.
34. The proportion is even greater when we focus on members who separate from permanent forces. As seen in Figure 5.1, medical separations are an increasingly large proportion of all separations from the permanent forces.<sup>33</sup> In 2022–23, involuntary medical separations were 64% of separations from the permanent forces.
35. If we look at involuntary separations from the permanent forces, a growing proportion of these occur for medical reasons. In the past two years, over 80% of involuntary separations have been for medical reasons.<sup>34</sup>
36. This is a matter of serious concern because the suicide rate of ex-serving males who served in the permanent forces and who separated involuntarily for medical reasons is around three times the rate of Australian males.<sup>35</sup>

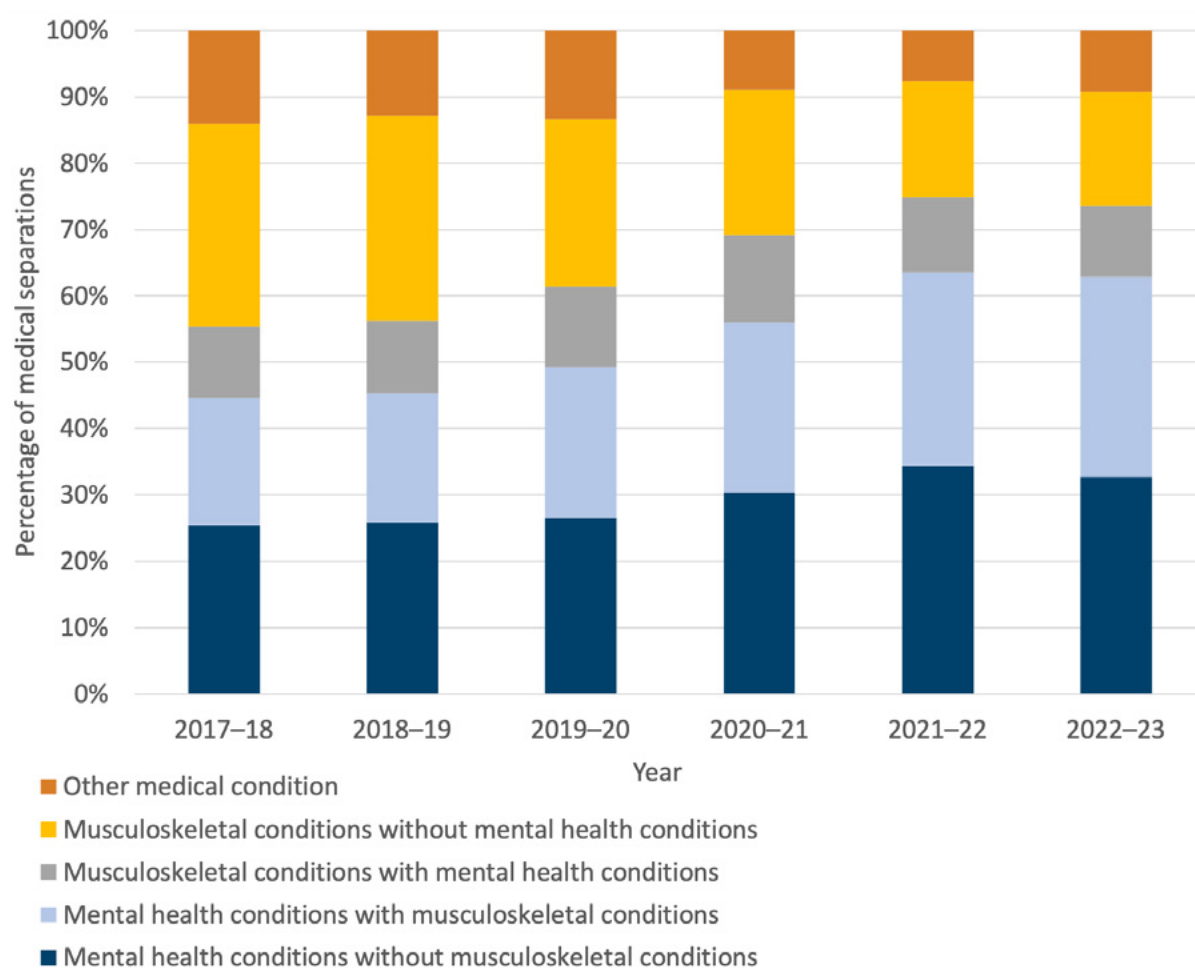
**Figure 5.1 Proportion of separations from the permanent forces for voluntary, involuntary medical and other involuntary reasons**



Source: Exhibit 96-01.013, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-255, Annexure A, DEF.9999.0164.0034 at Tables 12.5, 12.6, 12.7.

37. Given the high and growing number of medical separations shown in Figure 5.1, and the suicide risk associated with medical separation, we examined the diagnoses for being discharged from the ADF. As seen in Figure 5.2, musculoskeletal conditions and mental health disorders (or a combination of the two) account for most of the medical separations from the ADF.

**Figure 5.2 Primary and secondary medical conditions leading to medical separation**



**Notes:**

1. Since 2017-18, the ADF has recorded a 'primary reason' and up to four additional reasons for medical discharges using the International Classification of Diseases (ICD) 10 codes.
2. 'Mental health conditions' are 'mental, behavioural or neurodevelopmental disorders' (ICD 10 codes F01-F99) or 'symptoms and signs involving emotional state, appearance and behaviour' (ICD 10 codes R45-R46).
3. 'Musculoskeletal conditions' are 'diseases of the musculoskeletal system and connective tissue' (ICD 10 codes M00-M99) or 'symptoms and signs involving the nervous and musculoskeletal systems' (ICD 10 codes R25-R29).

Source: Exhibit F.05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0043-0046.

38. We asked Defence to provide any analysis conducted on the increasing medical separations. It said:

Defence has not conducted specific analysis into the causal factors for the increase in medical separations over the period. A number of potential factors, both internal and external to Defence, could explain this observation. This includes national economic and employment conditions that will impact the likelihood of someone seeking discharge by declaring issues that they have chosen not to reveal; changes in stigma and the way members interact with the health system; as well as a real increase in [the] prevalence of medical conditions in the ADF.<sup>36</sup>

39. It is extraordinary that the ADF has not conducted any formal analysis of the significant increase in medical separations, particularly given the impact it appears to have on members. The Chief of Army, Lieutenant General Simon Stuart AO DSC, agreed there is a need for systemic analysis to identify the central causes for the trend in medical separations.<sup>37</sup>

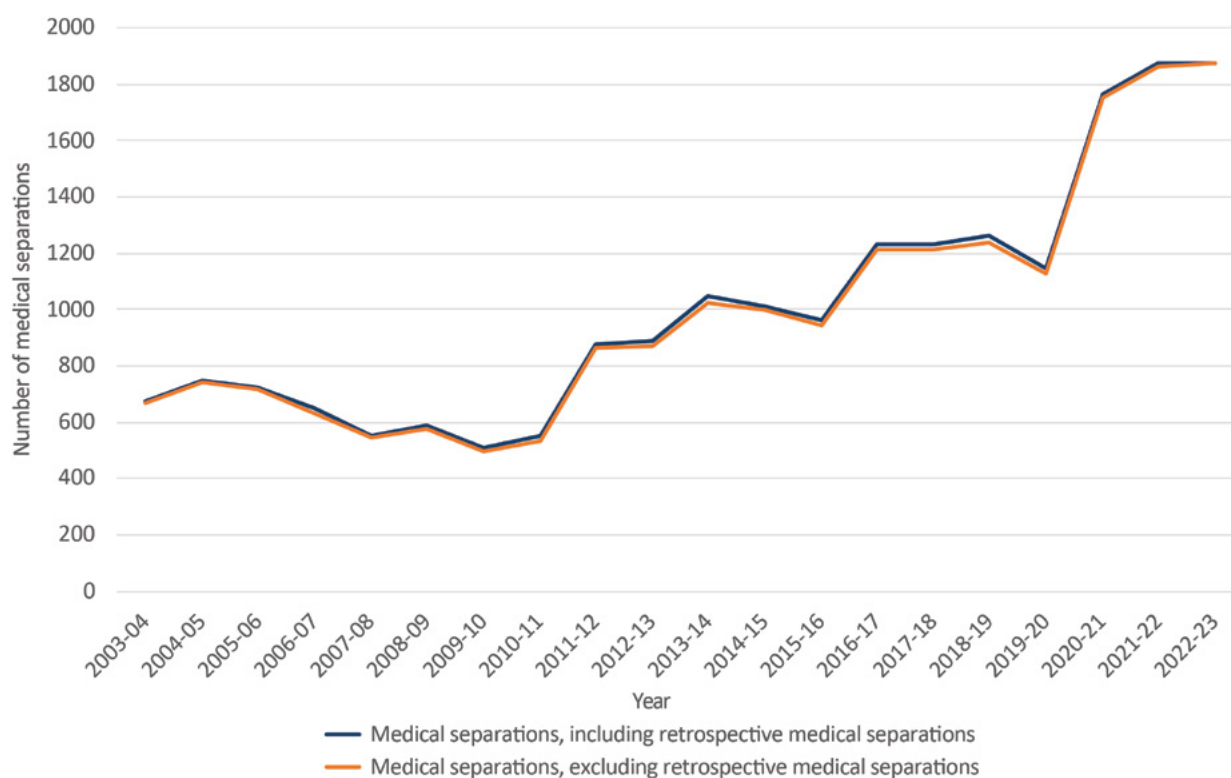
40. Defence identified possible reasons why medical separation rates may be increasing. These can be found in statements from the then Chief of the Defence Force General Angus Campbell AO DSC and Dr Darrell Duncan, Director of Strategic Clinical Assurance and Ethics, Joint Health Command, and in response to our Notice to Give Information on this topic. However, Defence advised none of these reasons were based on formal analysis or evidence and we therefore consider them to be conjecture. These reasons include:

- reduced stigma about, and increased help-seeking for, mental health conditions
- earlier reporting of injuries and incidents
- increased encouragement from advocates to seek medical separation
- the use of 'retrospective' medical separations where members separated for other reasons, but were subsequently reclassified as a medical separation, including for the purposes of compensation (this is discussed later in this section)
- greater awareness and efficiency of the MEC Review Board process
- the reduction in overseas deployments leading to members disclosing previously concealed injuries or conditions
- a policy to delay medical transition during the COVID-19 pandemic
- more frequent use of medical rather than administrative separation for members separating for both reasons (dual mode separation)
- a real increase in the prevalence of medical conditions necessitating a medical separation
- an increased threshold for the use of medical waivers during the recruitment process, leading to higher rates of medical separations.<sup>38</sup>

41. Many of these factors relate to better reporting of illness and injury as well as help-seeking, more effective processes, and a better understanding of compensation entitlements. This should be encouraged.

42. However, the lack of evidence and data means we cannot conclude they are the major drivers of the increase. Other factors may explain the high and growing rates of medical separation.
43. One possible reason for the increase, where there is clear evidence, is the greater use of retrospective medical discharges. Defence suggested more ex-serving members may be retrospectively seeking to have their separation listed as a medical separation. At least 687 members have had their separation reclassified as medical since 2016–17 (when data collection began). Many of these relate to separations before 2003.<sup>39</sup>
44. Figure 5.3 shows the number of medical separations since 2003, including and excluding retrospective ones. The figure shows excluding retrospective ones has almost no impact on the significant growth in medical separations from the ADF.

**Figure 5.3 Medical separations from the permanent forces, including and excluding retrospective medical separations**



Source: Exhibit OO-01.022, Department of Defence, Response to Notice to Give, NTG-DEF-255, Annexure B, DEF.9999.0172.0001; Exhibit 96-01.013, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-255, Annexure A, DEF.9999.0164.0034; Exhibit OO-01.021, Department of Defence, Response to Notice to Give, NTG-DEF-255, DEF.9999.0172.0002 at 0003–0004 [Table 1.1].

45. The final two reasons given why medical separations may be increasing – higher rates of illness and injury among members and lower levels of medical readiness among recruits – are areas of significant concern. They are serious problems that must be addressed. Issues relating to the medical readiness of ADF recruits are discussed in Chapter 3, Recruitment and initial training.
46. We also note that some ADF processes may inappropriately push separating members out of the medical separation pathway, to their detriment.



47. We heard in public hearings and via submissions that some ADF members who were separated due to medical conditions were not formally processed as medical separations. As such, they are not captured in the data presented in Figure 5.3. Dr Robert Worswick, Senior Contracted Clinician at Kapooka, gave evidence that ‘quite often’ members would be separated due to injuries or the aggravation of pre-existing conditions, but that these were not formally processed as medical discharges.<sup>40</sup> Dr Worswick told us:
- [R]ather than put the recruit and put the medical staff through the rigmarole, the stress of potential referral to the MECRB [MEC Review Board] – because, remember, many of these recruits typically were recruits who had come to Kapooka, had been injured in training, and after they’d been injured, they had decided that they didn’t want to be there anymore – a lot of them were managed as a discharge at own request.<sup>41</sup>
48. This is consistent with submissions from ex-serving members and their families. They told us that despite having medical conditions or injuries consistent with being eligible for medical separation, they were discharged at their own request.<sup>42</sup> Other ex-serving members in similar situations told us they were discharged administratively under the category ‘retention not in service interest’.<sup>43</sup>
49. Being administratively separated has implications for the member’s conditions and entitlements before and during the transition. For example, members separating for medical reasons are to be considered for a 120-day transition period, whereas members undergoing an administrative discharge are considered for a 90-day transition period.<sup>44</sup> Also, only medically transitioning members can access the Partner Employment Assistance Program and the Transition for Employment.<sup>45</sup>

## **Poor physical and mental health support can lead to medical separation**

50. The Chief of Army also agreed inadequate health care may contribute to medical separations.<sup>46</sup> Dr Stephan Rudzki, a sports physician and former military doctor, expressed the view that the high rate of medical separations ‘speaks volumes to failure to adequately treat’.<sup>47</sup>
51. Health care in the ADF is discussed in detail in Part 5, Health care for serving and ex-serving members.
52. Serving and ex-serving members, as well as current and former clinicians working in the ADF health system, told us about the problems with how health care is provided. It is particularly concerning the ADF ceased an injury prevention program that the Department of Defence found to be extremely effective.<sup>48</sup>
53. The ADF has substantially increased its reliance on contracted health providers.<sup>49</sup> We heard of gaps in capability around diagnosing and managing musculoskeletal injuries, understanding of military training and operations, and familiarity with ADF structures.<sup>50</sup> We heard members might have to wait weeks or even months for health and mental health care.<sup>51</sup>

54. We heard that some bases are understaffed and under-resourced, which could impact continuity of care.<sup>52</sup> On this, we note Rear Admiral Sarah Sharkey AM CSC RAN, former Surgeon General of the ADF and Commander of Joint Health Command, gave evidence she had no measure or metric for looking at continuity of care across the ADF health system.<sup>53</sup> The Chief of Army told us anecdotal evidence indicates 'it is generally the exception rather than rule for someone to have continuity in terms of the treating doctor or professional. When it comes to some of the specialist treatment, that improves'.<sup>54</sup>

55. Members said the lack of effective physical and mental health care was a poor reflection on both the medical system and ADF culture. One member described the lack of mental health support:

As a member of an elite unit that has conducted numerous tours to war, it is very disappointing to see that there was little to no support around mental health, like it was shameful and almost embarrassing thing to talk about. I believe this is due to the culture of the job role and Army as a whole. As a member that was medically discharged due to mental health, the support that was offered was lacking and still is post service. There is a major shortfall in helping and supporting members of the ADF surrounding their mental health in service and post service.<sup>55</sup>

56. Only a minority of members were referred to occupational rehabilitation services between 2017 and 2022 for mental health conditions (ranging from 14.7% to 20.6%), even though mental health conditions are now a primary reason for medical separation.<sup>56</sup>

57. Another submission described how a member's physical injury prevented exercise, causing secondary medical and personal issues during and after service:

[Redacted] suffered a back injury in training in 2009. She was apparently told that exercise would make her back pain worse, and then stopped exercising. She was subsequently discharged, and gained significant weight with a BMI of 55.5. [Redacted] has struggled to have comprehensive supportive care post discharge from the Army. She is at risk of homelessness in the coming year or so and is at the risk of dying by suicide if she continues to be frustrated in her attempts to secure good medical care.<sup>57</sup>

58. One submission suggested that a member was medically separated for physical conditions that were exacerbated by poor health care during service:

I strongly believe the Defence medical system failed and contributed to the extremeness of his injuries. The contributions include excessive wait times to see a doctor, seeing different doctors constantly and his visits to medical not being taken seriously or treated correctly. This became more evident after speaking to his neurosurgeon, who found there were plenty of signs prior to his career-ending injury, as early as two years prior. He first had scans showing a bulging disk and was treated with Panadol/ibuprofen and no time off work.

He then pulled both his hamstrings on separate occasions in 2018, and not due to any particular incident. In one of the many scans of his back, there was a visible fracture in his spine, which medical failed to advise at the time of the scan; this was picked up by a DVA [Department of Veterans' Affairs] doctor when submitting claims.<sup>58</sup>

59. Another submission described the member's challenges in accessing timely and appropriate medical care:

When I passed out in Western Australia and was concussed suffering from heat stroke, I was not evacuated to a hospital but kept on a hill for three to four days. This defies all the emergency medical requirements for heat stroke victims. The leadership just did not know what to do, so they didn't try to do anything. The focus was on training, and anyone injured was cast aside.<sup>59</sup>

60. In submissions, serving and ex-serving members frequently described how the posting cycle prevented effective continuity of care. For example, one member wrote:

The nature of service (postings approx. every 2 years) results in no continuity of medical treatment. There is no longitudinal analysis of reoccurring injuries. When I interrogated my medical files during the medical discharge process, I realised just how ineffective the medical system is/was.<sup>60</sup>

61. Mr Ryan Kelly, then Deputy Director in Future Navy Workforce Planning for Mine Warfare and Clearance Diving, who was being medically managed for complex health issues in Sydney, told us in his written statement that due to being formally posted into a unit in Canberra, he was shifted to the medical books in the Australian Capital Territory. However, no handover was conducted between the general practitioners or rehabilitation consultants in Sydney and Canberra, and he had no idea 'who to call'. He and his family did not know who was looking after him medically. He told us, 'I was being managed by no one. There was so much confusion'.<sup>61</sup>

62. Many members also attributed poor treatment to the ADF's systemic cultural issues. These issues included fear of impact on career, fear of judgement and stoicism. For example, some members, including those in the reserves and new recruits, worried that seeking treatment would negatively affect their careers:

During my training, I developed bilateral stress fractures of the tibia and was warned I would be back squadded [transferred to a platoon that is further behind] if I could not get out of the medical centre and back to my platoon. I sucked it up and managed to convince the doctor that I was no longer in pain and was allowed to return to my platoon.<sup>62</sup>

63. One member expressed apprehension that re-evaluating their treatment could disrupt the overall capacity of the workforce:

In my appointments with [my psychiatrist], I have made it clear on several occasions that I would like to go off the medication. We were discussing the ‘ideal’ time to do this, given the mandatory 3-month ground trials (plus associated tests and MEC review following this) and due to the busy nature of the pilot training pipeline, that this could be done post-2FTS or post-OPCON or some other point once at the squadron and/or post-wings. Understandably, there is no ideal time to do this and, without doubt, it would cause a disruption to both Air Force capability and my training.<sup>63</sup>

64. Consequently, they continued with the treatment despite experiencing numerous negative side effects.<sup>64</sup>
65. The evidence described in this section suggests that the rate of medical separations is shaped by organisational culture, as well as the processes and procedures for identifying, treating and assessing the impacts of injury and illness.

### 5.1.3 Overview of the MEC system and medical separation

66. A member’s medical separation from the ADF is a direct product of the operation of the MEC system.

#### ADF assigns classifications to maintain its operational capability

67. Every member of the ADF has a MEC. This classification reflects their medical fitness to be deployed on active duty or otherwise employed in the ADF.<sup>65</sup> The classification is first assigned as part of the recruitment process and confirmed or officially allocated upon entering the ADF.<sup>66</sup>
68. The MEC system is set out in the *Military Personnel Policy Manual* and *Defence Health Manual*. Both apply across the ADF, and are supported by policies and procedures in the three services.<sup>67</sup>
69. The ability of the ADF to conduct operations is based, in part, on the medical fitness of its members, which is determined via the allocation of an individual MEC.<sup>68</sup> The MEC system is a personnel or resource management tool – not a healthcare tool.<sup>69</sup> The *Military Personnel Policy Manual* states:

The MEC system is an aspect of the risk management approach applied when making employment decisions. This includes appreciation of risks, including the potential for deterioration of a member’s condition and the associated consequences, clinical risk, operational risk and risk to others.<sup>70</sup>

70. The MEC system 'determines medical fitness and administers the employment of Defence members'.<sup>71</sup> It has significant implications for an individual:

Medical fitness will affect decisions involving employment, postings, training, occupational rehabilitation, transfers between employment categories, payment of specialist allowances and retention in the ADF.<sup>72</sup>

71. The system uses alphanumeric codes to set out restrictions under 24 categories, set out in Box 5.1, How to read MEC codes.

### **Box 5.1 How to read MEC codes**

The codes have three parts:

- First, the letter 'L', 'M' or 'J' for 'Land', 'Maritime' or 'Joint', relating to the working environment –
  - 'Land' codes are used for Army personnel only.
  - 'Maritime' codes are used for Navy members and anyone posted to the maritime environment.
  - 'Joint' codes are default for most ADF members and are used across all services. The exception is MEC J23, which cannot be applied to Navy members.<sup>73</sup>
- Second, a number 1 to 5, denoting the broad category of employability and deployability, as follows –
  - MEC J1X: Fully employable and deployable
  - MEC J2X, M2X and L2X: Employable and deployable with restrictions
  - MEC J3X: Temporarily not deployable with restrictions
  - MEC J4X: Employment at service discretion
  - MEC J5X: Not employable and not deployable, unfit for further service.
- Third, a number 1 to 9, denoting the specific MEC code in conjunction with the first number.

72. The 'MEC classifications' box sets out the range of classifications.

### **Box 5.2 MEC classifications**

#### **MEC J1X** Fully deployable and employable

- MEC J11: Fully deployable and employable
- MEC J12: Fully deployable and employable – health support requirements

#### **MEC J2X, M2X and L2X** Employable and deployable with restrictions

- MEC J21: Deployable and employable with employment restrictions
- MEC J22: Deployable and employable with employment restrictions and/or health materiel support
- MEC J23: Deployable and employable with employment restrictions and/or health materiel support and/or access to Medical Officer support
- MEC M24: Maritime environment – defined limitations and/or health materiel support and/or access to minimum of Advanced Medical Assistant or Nursing Officer support
- MEC M25: Maritime environment – defined limitations and/or health materiel support and/or access to minimum of Clinical Manager support
- MEC M26: Maritime environment – defined limitations and/or health materiel support and/or Medical Officer access, as endorsed by Fleet Medical Officer
- MEC L27: Land environment – restricted deployment
- MEC L28: Land environment – restricted deployment
- MEC J29: Limited deployment with employment restrictions and/or health materiel support and/or access to Role 2E health support

#### **MEC J3X** Temporarily not deployable with employment restrictions

- MEC J31: Rehabilitation – defined period up to 12 months
- MEC J31: Extension – additional rehabilitation period of 6 months for Navy and Air Force members, or 12 months for Army members
- MEC J32: Extended rehabilitation
- MEC J33: Pregnancy and postpartum – defined period up to 24 months
- MEC J34: Temporarily not employable



**MEC J4X** Employment at service discretion

- MEC J40: Holding temporary – awaiting MECRB determination
- MEC J41: Alternate employment
- MEC J42: Employment at service discretion – duration up to 5 years at any one time, entirely dependent on service requirements
- MEC J44: Extended not employable – defined period between 4 and 24 months
- MEC J49: Long-term employment at service discretion

**MEC J5X** Not employable and not deployable, unfit for further service

- MEC J51: Not employable on medical grounds – employable within employment restrictions in the period leading up to separation
- MEC J52: Not employable on medical grounds – unable to be employed in the period leading up to separation
- MEC J53: Extended transition – duration up to 3 years<sup>74</sup>

73. In addition to restrictions determined by a member's MEC, they may be subject to specific employment restrictions.<sup>75</sup> These may apply to physical fitness (for example, no running); duties specific to the role or specialist branch (for example, no working at heights or must wear spectacles when flying); general duties (for example, no marching); necessary supports (for example, access to pharmaceuticals); or location (for example, no overseas postings).<sup>76</sup>
74. A member's MEC is periodically reviewed and can also be reviewed as required, for example in light of an illness or injury.<sup>77</sup> If a review is required, a medical officer or nurse practitioner will assess the member, considering both their diagnosis and the occupation's requirements.<sup>78</sup>
75. A medical officer usually determines a MEC. Reviews of complex cases may go to a Review Board.<sup>79</sup> Each service has several senior officers who are authorised to act as Chair of a MEC Review Board, including 'about five' in the Army and two in the Navy.<sup>80</sup>
76. The member's commanding officer will notify them of the Review Board outcome. The member or their commanding officer can appeal the Chair's decision if they disagree with the outcome.<sup>81</sup> Command may elect to use an individual welfare board to manage a medically transitioning member. The individual welfare board oversees the services and supports provided to the member.<sup>82</sup>

77. In section 5.2, we discuss the MEC Review Board process in detail, including how the Chair forms a view on a member's deployability and employability. We also look at opportunities for members to participate and the support available to them during the process. The MEC review processes are summarised in Box 5.3.

### Box 5.3 MEC review processes

**Medical Employment Classification Review:** The formal review process for reviewing a classification. A review is conducted when a member's employability or deployability changes. There are three types of MEC reviews. They are:

- **Unit MEC Review:** This is conducted by a health practitioner when the member's condition will likely resolve within 12 months and they continue to be managed at the local level. The outcome will be assignment of appropriate MEC and restrictions or escalation to higher review.
- **Central MEC Review:** This is initiated by a health practitioner or the Career Management Agency when the condition has not resolved, or is unlikely to resolve, within 12 months. The member is given a J40–Holding Temporary classification. It is referred to the MEC Review Board to decide their ongoing classification.
- **MEC Review Board:** The MEC Review Board reviews a member's employability and deployability, with input from medical, command and the member. Once the Review Board determines an outcome, the Chair can either:
  - allocate a MEC and employment restrictions, or
  - as a delegate of the Chief of the Defence Force, issue a notice of separation.<sup>83</sup>

## The MEC system assesses employability and deployability

78. Employability and deployability are key concepts in the MEC system. How they are assessed has significant implications for members.
79. The *Military Personnel Policy Manual* defines 'employable' as 'a Defence member with the capacity to perform the duties of their employment group in accordance with Single Service and/or Joint requirements'.<sup>84</sup>
80. In contrast, it defines 'deployable' as 'a Defence member with the capacity to perform the duties of their employment group and military duties in an operational employment environment in accordance with Single Service and/or Joint requirements'.<sup>85</sup>

81. Deployability means a member can be moved to a place where they can be used or are needed. The *Defence Health Manual* states:

When conducting a MEC [Review], the examining authorised health practitioner must take into consideration the nature of the Defence member's employment, the requirements of a deployed setting and the tasks that an individual could be expected to perform as part of their general military duties.<sup>86</sup>

82. Deployability involves considering more than just a member's health. It includes an assessment of:<sup>87</sup>

- their medical suitability for service against baseline health and fitness requirements for each service, specific trade or role and operating environment
- their functional capacity to perform tasks, which may be impacted by strength, hearing or vision, physical fitness, psychological health and weight
- the environment into which the member may deploy, such as duration, climate, medical support, clothing and equipment, and living conditions, including how this may be disrupted by deployment
- safety considerations, including risks to others.

83. Dr Darrell Duncan is the Director of Strategic Clinical Assurance and Ethics in Joint Health Command and a Brigadier in the reserves. In the reserves, his role has been to provide advice on cases going to the MEC Review Board, and he is now focused on reviewing concerns and complaints about the MEC system.<sup>88</sup> According to Dr Duncan, the key issues affecting a member's deployability are the impact of their condition on their capacity to perform required tasks, the risk of being suddenly incapacitated, their ability to be treated, and the consequences of limited access to treatment or medication.<sup>89</sup>

84. He wrote that questions about a member's deployability may arise in relation to certain health conditions:

- Mental health – considerations required about whether it is safe for this person to deploy overseas and have access to live ammunition, and the consequent risks to this person and others.
- Medical conditions – this could include people with significant heart disease, epileptics and diabetics. From a health perspective, consideration needs to be given to whether Defence can care for these members in the event they have a medical episode while overseas.
- Physical/musculoskeletal conditions – the services make clear the requirements about what is required physically in order to be deployed, which involves clear fitness standards and tests. Consideration needs to be given to those members who have particular conditions that mean they fall below the relevant physical capacity criteria laid out by the services.<sup>90</sup>

85. Commander Samantha Juckel RAN is a Navy MEC Review Board Chair. She stated that in the Navy, the main factors that affect deployability include geographical isolation from advanced health care, prolonged deployment absences, arduous living conditions, confined spaces and ladders, physical fitness, heavy sea states, fatigue, combat survival activities, thermal stress and sun exposure. A member's health condition will be assessed against the impact these factors may have on the Navy's medical duty-of-care obligations at sea.<sup>91</sup>

86. The Army applies PULHEMS Employment Standards and considers individual MECs to understand how best to employ its members. The *Army Standing Instruction (Personnel)* states:

PULHEMS is an acronym which summarises a soldier's physical and mental qualities for the purpose of determining their capacity for specific employments and Military Employment Classification (MEC). PULHEMS is derived from the first letters of the qualities assessed during a medical examination. The PULHEMS qualities are:

- a. P (Physical capacity)
- b. U (Upper limbs)
- c. L (Locomotion)
- d. H (Hearing).
- e. E (Eyesight).
- f. M (Mental capacity).
- g. S (Stability).<sup>92</sup>

87. The way the ADF assesses deployability has changed over the past 20 years. We were told by Joint Health Command's Dr Duncan that it is now accepted that members with a mental health condition can be 'quite stable and safe to deploy' with appropriate treatment and management.<sup>93</sup> However, other expert witnesses stated that a mental health condition will 'always' lead to a MEC review in the Navy and 'in most cases' when 'these issues become quite acute or chronic, and the chain of command is made aware' in the Army.<sup>94</sup> In submissions, we frequently heard that members saw a mental health diagnosis as spelling the end of their ADF career.<sup>95</sup> One member told us:

The reason I am being terminated from my employment after [redacted] years is because of a diagnosis of bipolar disorder that was given to me late last year. This diagnosis came about after some work-related stress and harassment that I experienced during one of my postings and I self-referred through the ADF medical system. Immediately following my self-referral, I was medically downgraded, placed on a medication routine fit for a diagnosis of bipolar disorder, was made to attend numerous psychology and psychiatric evaluations and therapy sessions. I was made unfit to work in my workplace ... Because of my diagnosis and medications, I am not fit to serve in the ADF anymore.<sup>96</sup>

## MEC review is a key stage towards medical separation

88. The Chief of the Defence Force has powers under the *Defence Regulation 2016* (Cth) to terminate ADF members' service. This can be based on being medically unfit, along with other reasons such as service not being in the interests of the Defence Force, redundancy, or the member being absent without leave.<sup>97</sup> For medical separation, the Chief of the Defence Force delegates this power to others who make this decision, largely based on the advice from the MEC Review Board.<sup>98</sup>
89. If the MEC Review Board deems the member medically unfit, medical separation can, but does not always, occur.
90. The member is first issued a separation notice to which they may provide a Statement of Reasons why they should not be separated.<sup>99</sup> The notice may be issued by a MEC Review Board Chair as a delegate of the Chief of the Defence Force.<sup>100</sup>
91. If the member is to separate after the delegate has considered their written response or the period for responding has ended, the delegate advises the member of the decision and specifies the date the separation will take effect.<sup>101</sup> For medical separations, members should be given 120 days to prepare for separation before it takes effect.<sup>102</sup>
92. The decision-maker on separation must be a different person to the MEC Review Board Chair and must not have been involved in the MEC Review Board determination.<sup>103</sup>
93. Defence indicated the Career Management Agency makes this decision. According to the Department of Defence:

After considering all available information, the CMA [Career Management Agency] delegate may elect either to retain the individual or to separate the individual. If the delegate separates the individual, the decision is passed to the individual's commander to advise them. The separation delegate will consider a transition period of 120 days from the date of the MECRB [MEC Review Board] determination to allow the member to conduct mandatory transition preparation.<sup>104</sup>
94. As at April 2024, the Australian Government indicated that in 2023–24, the 'retention rate' for members who have gone through a MEC Review Board process was:
  - 73% in the Navy
  - 63% in the Army
  - 74% in the Air Force.<sup>105</sup>

## 5.2 Members are not afforded procedural fairness

95. The MEC Review Board is the key process for assessing a member's medical fitness to deploy and can lead to a decision to medically separate them. This section outlines how a Review Board currently assesses and determines a member's classification, identified by a MEC code.
96. The *Military Personnel Policy Manual* states, 'A MEC [Review Board] is to adhere to the principles of procedural fairness'.<sup>106</sup> While it does not define what is required to comply with this requirement, it references the documents *Decision-Maker's Handbook for Personnel-related Decisions* and *Good Decision-Making in Defence: A guide for decision makers and those who brief them* (which has been superseded by the document *Good Administrative Decision-Making Manual*).<sup>107</sup> These documents provide a framework for using decision-making powers in Defence, including by delegation. The *Decision-makers Handbook* includes the following 10 steps decision-makers must follow for their decisions to be 'legally sound and defensible if reviewed':<sup>108</sup>
- (1) Know your power
  - (2) Comply with the rule or principle
  - (3) Consider all the factors and criteria
  - (4) Make your decision on the merits of each case in view of the facts
  - (5) Be impartial
  - (6) Apply procedural fairness
  - (7) Protect the applicant's privacy
  - (8) Be consistent in your decisions
  - (9) Don't delay decisions
  - (10) Keep records.<sup>109</sup>
97. Further, the handbook sets out the following steps for applying procedural fairness:
- An applicant must have full access to the rule and any criteria on which the decision is to be made so that they can make their case and respond to any problems.
  - An employee or member who is the subject of a decision-making process has the right to be heard before their application is refused ...
  - In disputed matters, [decision-makers] must listen carefully to both sides and give the employee or member an opportunity to reply to any adverse findings.
  - [Decision-makers] must not be biased, either for or against the applicant.
  - [Decision-makers] must test the evidence provided; there must be sufficient valid evidence to support [the] decision.<sup>110</sup>



98. Similarly, the *Good Administrative Decision-making Manual* sets out ‘seven key decision-making steps to ensure that a lawful administrative decision is made’:
- (1) Determine who should make the decisions.
  - (2) Gather information and establish the facts.
  - (3) Observe the principles of procedural fairness.
  - (4) Make a decision on the merits of the case.
  - (5) Advise stakeholders of the outcomes.
  - (6) Create and maintain accurate records.
  - (7) Learn from mistakes.<sup>111</sup>
99. In the following section, we consider whether the MEC Review Board process offers members procedural fairness or natural justice. Specifically, we discuss member access to documents considered by the MEC Review Board Chair and opportunities for members to respond to the assessment of their capabilities (including by attending MEC Review Board meetings). We also discuss training and guidance for decision-makers, members and their commanding officers on the MEC Review Board process.
100. We also assess the process for issuing a Notice to Show Cause for Separation once a member has been found to be medically unfit.
101. We make recommendations to provide members with greater procedural fairness.

### **5.2.1 The stages towards medical separation do not place the member’s wellbeing at the centre**

#### **The current MEC review process involves a number of participants**

102. The MEC Review Board process involves multiple stakeholders and information from various sources. A Central MEC Review is initiated when a health practitioner or Career Management Agency delegate decides that a member’s MEC review should be referred to a MEC Review Board.<sup>112</sup> The member’s treating doctor provides input on their health to the MEC Advisory Review Service (MECARS) in Joint Health Command.<sup>113</sup> This forms the basis of a package the Advisory Review Service prepares for the Review Board.<sup>114</sup> The package includes advice on a member’s suitability for employment and deployment and makes a recommendation to the Review Board Chair.<sup>115</sup>
103. The Chair makes the final decision about the member’s MEC.<sup>116</sup> They base it on the MECARS recommendation, plus other documents, including:
- the Member’s Consent Form, setting out what underlying health information the member consents to share with the MEC Review Board
  - a Workplace Capacity Report, prepared by the member’s commanding officer

- a Member's Health Statement, prepared by the member and setting out their perspective on how their health condition affects their ability to perform their job
  - the MEC Advice and Health Summary Relating to military employment classification Review, prepared by the treating doctor
  - input from the member's career manager, if sought by the Chair.<sup>117</sup>
104. The Chair may choose to determine the matter out of session by a desktop review of the papers.<sup>118</sup> Lieutenant Colonel Scott Foster, an Army MEC Review Board Chair, told us the 'vast majority' of matters are conducted out of session; they could be 'simple upgrades' that take 10 to 15 minutes to determine.<sup>119</sup>
105. For more complex matters, the Chair may call a MEC Review Board meeting to discuss the case.<sup>120</sup> The Chair invites relevant stakeholders, including MECARS and the Career Management Agency, to attend the meeting.<sup>121</sup>
106. However, the member is not considered to be a key stakeholder and is not present. Nor is their treating doctor usually invited.<sup>122</sup> The member may not have seen all the material stakeholders provided to the Review Board. They therefore do not know the exact issues they must address.
107. The member has access to the MECARS advice through their treating doctor and will be asked to sign the Workplace Capacity Report prepared by their commanding officer.<sup>123</sup> It identifies the member's current role, what they can and cannot do, impacts on their capability, progress in rehabilitation and potentially a recommendation on their MEC.<sup>124</sup>
108. It can recommend, or the Member's Health Statement can request, that the MEC Review Board classifies the member as MEC J4X, allowing the member to continue to be employed even if they are found undeployable.<sup>125</sup> In section 5.4, we discuss current pathways to retain members who cannot be deployed.
109. The key avenue for the member to have a say in the decision is via the Member's Health Statement. In this statement the member sets out their opinion of their medical condition, future plans and desired outcome of the review.<sup>126</sup> Defence views this as the member's 'opportunity to "speak directly" to' the MEC Review Board.<sup>127</sup> Or as one Board Chair told us, this is an opportunity for the member to express 'what they think and what they believe and what they want'.<sup>128</sup> This includes information about the member's work environment, ability to carry out duties and rehabilitation needs.<sup>129</sup>
110. However, the member generally does not have access to the full package of documents before the MEC Review Board makes its determination.
111. Commander Juckel agreed that the member does not have the opportunity to rebut anything that is said about them prior to the MEC Review Board sitting, but the member may be able to provide or update clinical information via their treating medical officer.<sup>130</sup> A Defence Response to Notice also said the Member Health Statement could rebut a poor assessment in the Workplace Capacity Report.<sup>131</sup>

112. While the members of the MEC Review Board may participate in the discussion, the Chair makes the determination.<sup>132</sup> The Chair must ‘use their discretion in the weighting of medical advice provided against the requirements of the service in a documented risk management decision’.<sup>133</sup>

113. The *Military Personnel Policy Manual* requires the MEC Review Board Chair to consider the individual circumstances of each case.<sup>134</sup> It is an ad-hoc process, with decisions made on a case-by-case basis. As Commander Juckel wrote in a statement:

With all of this information, the MECRB [MEC Review Board] will then make a determination and may, on a case-by-case basis, offer the member a MEC to enable continued service within their restrictions. If retention is being offered with a transfer of service or workgroup, the member will be provided with options, time and support to enable them to decide what they would like to do. The member then has the option to accept the MEC and associated conditions or decline and request a medical separation.<sup>135</sup>

114. The member’s commanding officer must notify the member of the MEC Review Board decision within 28 days.<sup>136</sup> The MEC Review Board determination must contain sufficient information to allow the member to understand the factors considered, the reasons for the decision and the right of representation in relation to the determination.<sup>137</sup> The member may only access the full package after the determination is made.<sup>138</sup>

## The decision to medically separate commences a new process

115. The nature of the MEC Review Board Chair decision determines what happens next. If the Chair selects a classification between J1X to J4X (that is, from ‘Fully employable and deployable’ up to and including ‘Employment at service discretion’), the member can either accept or appeal the determination.<sup>139</sup>

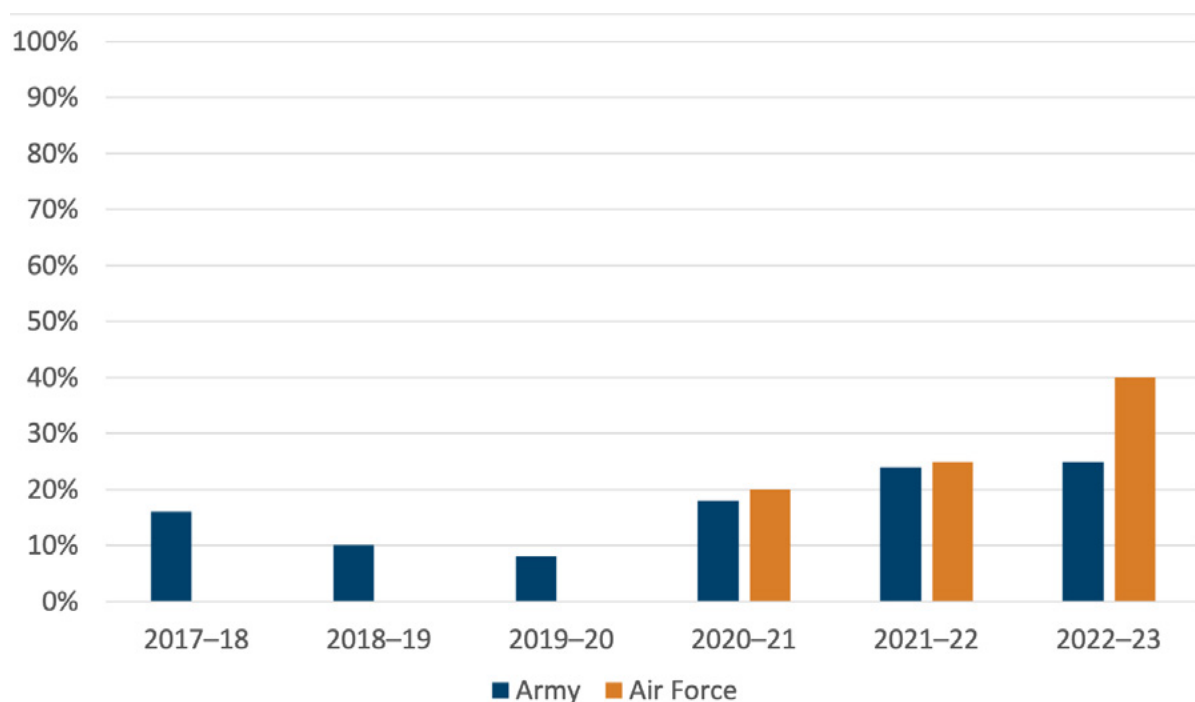
116. If the Chair finds the member is medically unfit for further service and allocates the member a J5X classification, a new process begins.<sup>140</sup>

117. As a delegate of the Chief of the Defence Force, the MEC Review Board Chair issues the member a Notice to Show Cause for Separation.<sup>141</sup> The notice must:

- state the proposed action
- set out the reason for the proposal
- invite the member to provide a written response as to why the proposed action should not be taken
- set out the facts and circumstances necessary for the member to prepare the written response
- specify the period for providing the written response.<sup>142</sup>

118. If the member wishes to challenge the this notice, they have 28 days to appeal via a statement, for the delegate's consideration.<sup>143</sup> For example, they might update clinical advice on rehabilitation progress to support an alternative decision.<sup>144</sup>
119. If a member is not satisfied with the delegate's response, they may submit a redress of grievance to their commanding officer or an authorised complaint recipient.<sup>145</sup>
120. In 2021, of the 5,282 reviews conducted by a MEC Review Board, 2,126 resulted in a decision that the member should be medically discharged. Further, 202 of these decisions were appealed to a delegate and 113 were overturned on appeal.<sup>146</sup>
121. A member may also request a medical separation be held in abeyance or request a variation or extension to their separation date based on compassionate or compelling circumstances.<sup>147</sup> These circumstances could include:
- ongoing clinical care
  - access to accommodation
  - schooling of children/family circumstances
  - relocation
  - delays in the Department of Veterans' Affairs (DVA) claims processing
  - financial difficulties.<sup>148</sup>
122. We consider recent improvements in DVA claims processing in Chapter 25, Entitlements and claims processing.
123. We gave notice to Defence to advise us of the frequency of medical separations being held in abeyance (or equivalent terminology). Figure 5.4 shows the proportion of medical separations deferred, extended or held in abeyance since data collection began in 2017–18 for the Army, and 2020–21 for the Air Force. Defence advised us that the Navy only started collecting this data in December 2023 – the same month Defence was issued with the draft notice.<sup>149</sup>

**Figure 5.4 Percentage of medical separations deferred, extended or held in abeyance**



Source: Exhibit OO-01.021, Department of Defence, Response to Notice to Give, NTG-DEF-255, DEF.9999.0172.0002 at 0009 [42]–0010 [Table 10.2].

124. Defence advised that the most common reasons members' separation dates were extended were (not necessarily listed in order of importance):

- a. **Administration outstanding** – The member has not completed all administrative requirements for their transition prior to their medical separation date;
- b. **COVID-19** – The member is unable to access their transition network (commanders and/or transition specialists) due to COVID-19 imposed restrictions (lockdowns, travel restrictions, etc.);
- c. **CSC assessment outstanding** – The member has not had their pension entitlements determined by CSC [the Commonwealth Superannuation Corporation];
- d. **DVA claims outstanding** – The member has not had one of their separating health conditions determined by DVA prior to their planned medical separation date such that their DVA claim(s) remain outstanding. Note: these extensions will most often be due to none of the member's separating health condition(s) being determined prior to the original separation date, as there is only a requirement for one separating condition to be determined to proceed with transition.
- e. **Housing** – The member's post-transition housing plan has not been finalised prior [to] their planned medical separation date, including where there is difficulty finding suitable accommodation post separation;

- f. **Location needs** – The member requires locational stability while the member's child/children complete the school year;
- g. **Medical treatment** – The member undergoes approved medical treatment linked to their separating health condition that has a period of recovery required beyond their planned medical separation date;
- h. **Service milestone** – The member has a desire to achieve a significant service milestone.<sup>150</sup>

## 5.2.2 Procedural fairness or natural justice is not automatically afforded to members

125. MEC Review Board determinations have substantial and long-lasting career implications, up to and including medical separation. These implications can have a significant impact on members' wellbeing. Given this, we consider whether the MEC Review Board process affords members adequate procedural fairness. We considered the requirements of procedural fairness as set out in the *Good Administrative Decision-Making Manual* and the *Decision-Maker's Handbook for Personnel-related Decisions* in the absence of guidance in the *Military Personnel Policy Manual*.<sup>151</sup> We also considered the ordinary requirements of procedural fairness or natural justice.
126. The *Good Administrative Decision-Making Manual* states that procedural fairness involves compliance with rules. The first, the 'bias rule', requires decision-makers to act impartially.
127. The second, the 'hearing rule', requires that a person adversely affected by a decision has the opportunity to hear the evidence and provide input before a decision is made.<sup>152</sup> This is consistent with broader natural justice principles of requiring a fair hearing and affording any affected person a right to be heard properly and meaningfully.<sup>153</sup>
128. The *Good Administrative Decision-Making Manual* notes:
 

The hearing rule is not legally required for all decisions. There are no firm rules though for when it is legally required ... The application of the hearing rule is usually extremely flexible. A decision-maker usually has discretion as to whether to adhere to the rule orally or in writing.<sup>154</sup>
129. While the member can provide a Member Health Statement, they must prepare it early in the decision-making process. The member is not allowed to attend the meeting to give evidence, call witnesses, or make submissions, as would normally be expected in processes seeking procedural fairness.<sup>155</sup> The evidence we heard indicates the member does not receive all the documentation available to the MEC Review Board Chair. As such, we believe the MEC Review Board process does not meet the requirements of the 'hearing rule' as set out in the *Good Administrative Decision-Making Manual*, nor does it meet the standard of a broader conception of procedural fairness.



130. In response to potential propositions shared by the Royal Commission, the Australian Government did not agree that the current MEC Review Board process does not meet the hearing rule and procedural fairness obligations.<sup>156</sup> The Australian Government indicated that a member may make multiple Member Health Statements to update their wishes or respond to input from another party. However, the Australian Government acknowledged that the member may not see the input from MECARS or the Career Management Agency.<sup>157</sup>

131. Nonetheless, the Australian Government agreed:

there is opportunity to improve members' participation in the MEC process to include a clearer identification of what is happening legally at each step, and greater opportunity for the member to participate in the recommendation and decision process. This should include the opportunity to review all relevant material and be provided with a reasonable opportunity to respond.<sup>158</sup>

132. We are also concerned that the level of discretion available to decision-making delegates in the MEC process is such that decisions cannot be meaningfully challenged. In discussing the use of discretion in administrative decision-making, the *Good Administrative Decision-Making Manual* states:

Even if the decision appears on its face to be illogical or unduly harsh, it is less likely to be found unreasonable on review if there is some rational explanation for it.<sup>159</sup>

133. Many current and ex-serving ADF members told us about what they consider to be illogical or unduly harsh decisions. We do not think it is appropriate that these decisions cannot be challenged.

134. The Department of Defence acknowledges that the process of revising a member's MEC status 'or presentation to the MEC Review Board may cause uncertainty or concern for the individual'.<sup>160</sup> To support a member through this experience, the Department suggests:

Commanders are responsible for the support and welfare of individuals within their command at all times. An efficient way for commanders to identify and allocate support to individuals is to hold an Individual Welfare Board (IWB).<sup>161</sup>

135. Review Board Chair, Commander Juckel, gave evidence that informal member feedback on the MEC Review Board process indicates that different individuals 'found this a difficult process' or were 'grateful that this process has occurred',<sup>162</sup> but that 'there are no statistics, no data that we retain on this'.<sup>163</sup>

136. When asked whether the MEC Review Board process has a distressing effect on the members who are subject to it, Joint Health Command's Dr Darrell Duncan replied:

I think the biggest stress of people undergoing this process is actually that they are unwell for some reason and they are facing a substantial change in their life circumstances, and that's the cause of the stress, that's the stressor.<sup>164</sup>

137. He agreed that, in some cases, the stress of the system itself could be the origin of a mental health condition.<sup>165</sup> Dr Duncan confirmed there has been no study of whether MEC Review Board outcomes aggravate or cause mental health problems, though he suggested many people may be relieved to have an answer.<sup>166</sup> However, members told us in hearings and via submissions that they found the MEC Review Board process stressful, especially when they felt they did not have a voice.<sup>167</sup>
138. Dr Duncan noted that, in response to a backlog of cases in which members could wait up to 18 months for a determination, the ADF has worked to speed up MEC Review Board processes and provide greater certainty to members.<sup>168</sup> We consider a wait of up to 18 months to be an unacceptable delay in this process, given the potential impact of MEC determinations on members' careers.
139. Commander Juckel told us from 2017 to 2021, the average time across the ADF for a MEC Review Board to review a case was 86 days. In 2021, the average timeframe for review was 73 days. An average case does not include appeals or a redress-of-grievance submission, which, on average, extends the timeframe by 58 days.<sup>169</sup>
140. In addition to improving efficiency, the services are collaborating to educate commanding officers about MEC Review Board processes and consistent administration across the three services, such as using a single, simple determination template.<sup>170</sup>

## Member participation is extremely limited

141. Review Board Chair, Lieutenant Colonel Scott Foster, maintained, 'there are multiple opportunities for the member to be a part of this process'.<sup>171</sup>
142. We cannot agree. Up until the appeal process, the Member Health Statement is the only opportunity for the member to be an active participant in what is a critical decision about their future. They do not have access to the full package before the Chair, and no opportunity to respond. They are not permitted to participate in, or even observe, the discussion. As one serving member told us in a submission, there is a lack of guidance for members on how to fill out the paperwork that forms their only opportunity to participate in the process:

this process [MEC Review Board] is extremely stressful, and there is no one you can talk to who understands or can guide you through the process. It seems that anyone who has been through it has been discharged. There is little to no information as to what really happens during this process and no guidance for the member on how to fill out the paperwork required. I spent weeks working on my submission, second guessing how every word might be interpreted by anyone reading it.<sup>172</sup>

143. This lack of participation or procedural fairness can be disempowering and detrimental to members who find the process, in the words of one member, 'extremely stressful'. This member told us that '[t]he constant fear of the unknown, if you are going to keep your career or be medically discharged constantly played on my mind'.<sup>173</sup> This exacerbates the significant power imbalance between the member and the MEC Review Board.
144. Former Navy clearance diver, and Deputy Director of Future Navy Workforce Planning for Mine Warfare and Clearance Diving, Ryan Kelly, described in a statement how he was excluded from the MEC Review Board process and how this contributed to his lack of confidence in the outcome. Mr Kelly said:
- They were faceless bureaucrats making decisions about me. They didn't know me and hadn't spoken to me once. I didn't know what else I could do to convince the decision-makers that I'm not an invalid, despite being made to feel like one.<sup>174</sup>
145. The MEC Review Board process undermines the integrity of the process and its outcomes. It implies the member is not valued, and this may contribute to the feelings of loss, isolation and disrespect reported by members who have been medically separated. It erodes their sense of control or influence over the direction their life is taking. This could contribute to the poorer transition outcomes experienced by members who are medically separated from the ADF. As Lieutenant Colonel Kenneth Golder, Commanding Officer of the 3rd Combat Engineer Regiment at Lavarack Barracks, observed:
- What I know from the soldiers who I speak to, it can range from where they have had opportunities – the process of medical separation where they had a voice or a choice and time and they have had a good outcome – versus those limited number I have had to experience where the choice has been taken away from them. And so we have gone from an experience where they have appreciated Army and enjoyed their Army life, to a decision that they haven't been able to control and then a timeframe to re-adjust based on that decision and to go through that transition process.<sup>175</sup>
146. It could also undermine members' sense of organisational justice. Associate Professor in the School of Criminology and Criminal Justice at Griffith University, Dr Jacqueline Drew, told us, '[o]rganisational injustice is pivotal in predicting psychological distress and burnout amongst our employee cohort [members of the police force]'.<sup>176</sup> She said that members presented with organisational injustice may feel betrayed, creating a disconnect for members who, like police, often have a strong sense of right and wrong.<sup>177</sup>
147. It is our view that the member's inability to review and respond to the case against them continuing in service amounts to a lack of procedural fairness or natural justice in administrative decision-making.

## Medical and non-medical inputs are not necessarily given equal weighting

148. The *Military Personnel Policy Manual* states, '[t]he Chair is to use their discretion in the weighting of medical advice provided against the requirements of the service in a documented risk management decision'.<sup>178</sup> In this process, the Chair must weigh up inputs from the member, their treating doctor, the MEC Advisory Review Service (MECARS), their commanding officer and the Career Management Agency to come to a decision.
149. This includes medical and non-medical considerations, though one MEC Review Board Chair suggested he gives the MECARS advice the greatest weight.<sup>179</sup> The critical role of medical advice in the MEC process was reiterated by Commander Gary Wight AM RAN, who leads the Navy Personnel Support Unit that supports transitioning members.<sup>180</sup> Commander Wight is not a MEC Review Board Chair. The *Military Personnel Policy Manual* does not state the primacy of medical or MECARS advice.
150. Medical officers also experience the tension between medical and non-medical considerations when administering the MEC system. Dr Robert Worswick is a senior medical officer at Kapooka Base, with previous experience in MECARS.<sup>181</sup> He said it was 'a unique environment being a doctor working for Defence because you owe an obligation or responsibility to two masters'.<sup>182</sup> Dr Worswick said his first priority was 'to provide patient-centred care to ADF members', but he is also required 'to meet and provide advice to the ADF on the ongoing employability and deployability of those members'.<sup>183</sup>
151. There is also scope for conflicting medical opinions between the treating doctor and MECARS. Dr Duncan indicated, 'the last time I looked ... MECARS disagreed or put a different recommendation about probably 30 per cent of the time'.<sup>184</sup> He continued, 'the MECRB made a different decision to the MECARS advice less than five per cent of the time'.<sup>185</sup>
152. Lieutenant Colonel Foster said this was because MECARS has 'a broader understanding of policy and application in a uniformed environment' than the garrison medical officer.<sup>186</sup> MECARS is centrally located in Joint Health Command and its officers are likely to assess many MEC reviews. Dr Duncan added it may also have access to new information by the time the matter reaches them.<sup>187</sup>
153. However, MECARS does not see the member and its advice is based on a review of the papers only.<sup>188</sup> Dr Duncan characterised it as an 'independent review'.<sup>189</sup> We see no reason why the garrison medical officer who has examined the member could not consider any 'new information'. We received no evidence that garrison health officers have a lesser understanding of the MEC system. Rather, garrison health officers have a closer relationship with members and a more person-centric perspective than MECARS, which is more embedded in a system-centric perspective.

154. Currently, the MECARS delegate may discuss the matter with the treating doctor to gather context and information.<sup>190</sup> As a MEC Review Board Chair, Lieutenant Colonel Foster indicated he would sometimes approach the treating doctor directly when there are divergent medical opinions.<sup>191</sup> However, the treating doctor cannot initiate a discussion on the matter with the MECARS delegate.
155. Making this consultation a mandatory step for MECARS could build greater trust in the outcome of the MEC Review Board process without adding complexity. This would ensure that MECARS and the MEC Review Board have access to all the information the treating doctor has considered and enable testing of the MECARS recommendation by a peer to ensure it is medically robust.
156. We are concerned about three issues that contribute to a system that is neither transparent nor accountable. These include the current lack of information about what documents may be submitted to the MEC Review Board, how medical and non-medical advice is weighed up and how conflicting medical opinions are resolved. In a third of cases, a difference of opinion between treating doctors and MECARS indicates a lack of systems and supports to deliver fair and consistent decision-making.
157. Defence has not provided us with an analysis of the reasons for this frequent deviation between assessors. We consider potential contributing factors to be a lack of detailed policy guidance around assessing deployability, employability and rehabilitation; lack of training for actors across the MEC system; and cultural factors. We discuss the need for improved guidance and training in this section. We also discuss how ADF culture interacts with the MEC system in section 5.3.
158. These systemic shortcomings undermine trust and may contribute to poor outcomes for members going through the process, even suicidality.
159. We saw this in the case of a Key Witness, who was the subject of an in-depth inquiry by the Royal Commission, the public report of which we present at the conclusion of this chapter. The treating doctor of the Key Witness proposed a classification of MEC J31 (Rehabilitation – Defined period up to 12 months) so they could serve while receiving treatment. But a senior medical officer reviewing the case recommended a MEC J51 (Not employable on medical grounds – Medically unfit and not employable other than within applicable restrictions in the period leading up to separation) to the MEC Review Board.<sup>192</sup> The MEC Review Board then determined the Key Witness to be J52 (Not employable on medical grounds – Unable to be employed in the period leading up to separation) and they were medically separated from the Navy some months later.<sup>193</sup>
160. However, our in-depth inquiry heard the senior medical officer had been supplied with an Inquiry Officer Inquiry Report into allegations of bullying made by the Key Witness. It was supplied because the report recommended it be provided to the senior medical officer and any MEC Review Board considering the Key Witness.<sup>194</sup> The report included opinions from lay witnesses about the Key Witness's coping mechanisms and resilience.
161. There is no evidence the Inquiry Officer Inquiry Report was placed before the MEC Review Board.<sup>195</sup>

162. However, we found that the Navy's medical discharge of the Key Witness was unfair, interrupted their recovery and was conveyed inappropriately, potentially exacerbating their risk of suicidality.<sup>196</sup>
163. From the Key Witness's perspective, multiple circumstances contributed to an overall impression that the Navy was unwilling to believe or support them and wished to discharge them from service. These included:
- the report recommendation it be given to the MEC Review Board and its senior medical officer
  - the senior medical officer's advice (which conflicted with the advice of the Key Witness's treating doctor)
  - the MEC Review Board decision to classify the Key Witness for medical separation.<sup>197</sup>
164. We are satisfied that these matters contributed to a risk of exacerbating the Key Witness's suicidality.<sup>198</sup>

### 5.2.3 Ways to improve procedural fairness for members

165. Members need to be able to better engage with the Review Board process. In addition to providing them with all the information that goes to the Chair, they should have the opportunity to present in person at the Review Board and be given the necessary supports to do this.
166. In this section, we discuss a number of ways to improve procedural fairness in the MEC Review Board process, including:
- providing the member with all the documents at the same time they are submitted to the MEC Review Board Chair, unless the Chair explicitly approves a different course due to special circumstances
  - giving the member the opportunity to make written and oral representations to the Chair about the content of the package and its recommendations
  - permitting the member to attend the MEC Review Board, accompanied by a support person or advocate, if the Chair calls a sitting
  - issuing training and guidance on MEC Review Board processes, including the requirements of procedural fairness.

### Enable members to respond to all information that goes to the Review Board

167. Providing the full package to members at the same time it goes to the Chair of the MEC Review Board would support more transparent decision-making. It would also enable the member to understand the case against them. Defence witnesses did



not identify any reasons why this should not occur, as they considered the member was already ‘very well informed of the information that is being provided to the MEC [Review Board]’.<sup>199</sup>

168. The member could then respond to the package before the MEC Review Board review. Currently, members can only respond via the Member Health Statement, potentially having seen the Workplace Capacity Report, but without seeing the rest of the package.
169. The Chief of Army, Lieutenant General Simon Stuart AO DSC, agreed in principle that the starting point should be that the member receives the documents placed before the MEC Review Board Chair. He agreed the member must be able to engage with the process, including by responding to material that may lead the Chair to come to an adverse conclusion.<sup>200</sup>
170. We recognise that, in exceptional circumstances, exposure to certain material may harm a member’s wellbeing. For example, a vulnerable member could be re-traumatised by exposure to material detailing past trauma. In these circumstances, the Chair should be able to determine that all or part of a document be withheld or additional supports be provided. This is consistent with a trauma-informed approach.
171. However, this should not be the norm. The assumption should be that all members have access to all the documents submitted to the MEC Review Board Chair, except in exceptional circumstances.

## **Members should be provided with support to attend the MEC Review Board**

172. The Chief of Army said he ‘understood’ that excluding members from attending MEC Review Board meetings could cause them stress and undermine their trust in the process.<sup>201</sup> He expressed the view that there were no good reasons why members should continue to be excluded.<sup>202</sup>
173. Some Defence witnesses did not support permitting the member to attend the MEC Review Board meeting.
174. Lieutenant Colonel Foster was of the view that inviting the member to attend could result in further stress for the member. He said the meeting could include ‘up to 20 ... very senior people’ and deciding on the member’s potential separation in front of them would not be ‘an appropriate position’ to put them in.<sup>203</sup> He warned that a MEC Review Board meeting outcome may not be what the member wants or expects. He said the MEC Review Board cannot be compared with individual welfare board meetings where the member is present, as the intent of that meeting is to support them.<sup>204</sup>
175. Commander Juckel agreed with this assessment and added that the member’s presence might prevent free discussion.<sup>205</sup>

176. We agree that the member's wellbeing should be a key concern in the MEC Review Board process. However, it is our view that limiting member participation to the Member Health Statement also causes significant stress. Defence does not appear to have investigated ways to support members in MEC Review Board meetings or any other options to support a member in participating. For example, the member's presence during the meeting would not prevent the Review Board from retiring and considering among themselves how to resolve the matter.

177. Dr Duncan was asked whether Defence has undertaken a study of the merits and demerits of a process that excludes the member from participating other than submitting a statement. He said:

I think the question is an interesting one, the simple answer is no. The bit in my head that's going around is trying to work out who is going to benefit and who is going to be made worse and how do you distinguish where that offer would be beneficial. That would be an interesting study.<sup>206</sup>

178. The position taken by the Defence witnesses amounts to a blanket decision to deny natural justice to all members to protect a few, without studying the actual impacts or trying to mitigate the risks. It also demonstrates a lack of person-centred thinking.

179. The stress of participating in the MEC Review Board process could be mitigated with better support for the member. Currently, the primary responsibility for supporting the member through this process sits with their chain of command.<sup>207</sup> Lieutenant Colonel Kenneth Golder's statement was that:

The chain of command has daily oversight of the rehabilitating member, and commanding officers have a requirement, directed in Defence policy, to conduct at a minimum, quarterly welfare boards on all medical downgraded members with a MEC J31 or below.<sup>208</sup>

180. Commanding officers are 'encouraged' to convene an individual welfare board to determine and facilitate support required by the individual and their family.<sup>209</sup> If the commanding officer determines a member needs support beyond what the unit can provide, they can post members to a 'more supportive environment' such as a Personnel Support Unit or appoint a support person (for example, Member Support Coordinator) for the transitioning member.<sup>210</sup>

181. There is no independent support for members going through a review of their MEC status. In a statement, Commander Juckel confirmed there are no specific psychological, legal or financial supports for members undergoing a MEC Review Board process.<sup>211</sup> Mr John Armfield served as a Navy clearance diver and recruiter until he was medically separated in 2023. He lost his brother Andrew Armfield, who was serving in the Air Force, to suicide. Reflecting on his experience navigating Defence procedures, Mr Armfield identified a lack of advocacy for members:

So the entire time when people talk systems and processes, they are there for the organisation and the reputation of the organisation. But there is – there was nothing for me ... there was no-one to actually champion my cause, there was no-one to call this out.<sup>212</sup>

182. While we acknowledge Lieutenant Colonel Foster's distinction between the intent of the MEC Review Board and individual welfare boards, both should have the member's wellbeing at their centre. Individual welfare boards provide a point of comparison.

### **The individual welfare board model**

183. Dr Robert Worswick provided evidence that individual welfare boards are 'a wonderful tool Defence uses to manage members who have questions arising about their suitability for continued service'.<sup>213</sup> He said 'by and large, welfare boards work very, very well'.<sup>214</sup> However, we received submissions contradicting this.<sup>215</sup> One submission from a serving member in the Navy said there is a cultural desire to avoid contact with Defence health services no matter the cost.
184. The same submission was critical of the opaque way people were rehabilitated with minimal visibility from their manager, and how this approach can sometimes worsen people's conditions.<sup>216</sup> It described Joint Health Command as a 'race to the bottom'. It said, 'the introduction of IWBs [individual welfare boards] is a good step in the right direction, but [these] are pointless if you don't have a suitably skilled support mechanism/supervisor'.<sup>217</sup> It also noted that 'although some good people work within JHC [Joint Health Command], they work in spite of the system, not because of the system'.<sup>218</sup>
185. Mr Armfield recalled that he was only enabled to speak at an individual welfare board meeting when his general practitioner, who attended to support him, said he wanted to hear from Mr Armfield. Mr Armfield wrote, 'I may as well not even have been present'.<sup>219</sup>
186. Commanding officers can convene individual welfare boards 'to determine, and facilitate, any support an individual and their family may require', typically following an incident or event.<sup>220</sup> A board, at a minimum, should 'comprise the individual, their commanding officer or manager, and a secretary/unit welfare officer', but can include a cast of many:<sup>221</sup>

Additional personnel may also be invited to attend an IWB [individual welfare board] depending on an individual's needs. Additional attendees might include a senior enlisted member, medical officer/health practitioner, counsellor or psychologist, rehabilitation coordinator, Member Support Coordinator, family member/support member, a Department of Veterans' Affairs representative, a Defence Member and Family Support representative, a chaplain, legal officer, or physical training instructor.<sup>222</sup>

187. Unlike the MEC Review Board, individual welfare board attendees have direct knowledge of the member. For the MEC Review Board, the member must consent to the sharing of clinical information, whereas for the individual welfare board, the member's consent must be sought to confirm who is in the room.<sup>223</sup> The member may choose to bring a support person with them, such as a member support officer, family member, chaplain, mental health or medical officer, or external support person.<sup>224</sup>

188. While an individual welfare board may offer a member the opportunity to express their needs and interests, it is not an opportunity to influence their MEC classification, because that decision has already been made.

### **Other support mechanisms**

189. There are additional formal mechanisms to support member welfare in each of the services. Unit Welfare Boards in the Army and Navy, and Command Focus Groups in the Air Force, have a more specific role in considering the welfare and rehabilitation of members classed as J31 (Rehabilitation – Defined period up to 12 months) or below following a MEC determination. Lieutenant Colonel Golder stated:

The role of any commanding officer in any unit is to be the Chair of that Unit Welfare Board. We run those Unit Welfare Boards quarterly, every three months, and we raise those members of the unit who are medically J31 or below, to, if you like, seek progress update reports from all the specialists who have been engaged with providing that level of support to the member through the upgrade, if you like, for that medical treatment process.<sup>225</sup>

190. Lieutenant Colonel Golder indicated the next Unit Welfare Board he was running would consider ‘in the vicinity of 47 people’.<sup>226</sup> He said that the amount of time spent on each member could vary from 5 minutes to up to an hour, depending on the complexity of their needs.<sup>227</sup> Each member would have significant control over attendees and discussion of their case. Attendees must have direct knowledge of the member and can include family.<sup>228</sup>
191. There is also an Army-specific Individual Transition Board or Transition Readiness Board.<sup>229</sup>
192. The level of support provided to members can vary across chains of command. For example, a submission made on behalf of a veteran who medically separated from the Air Force in 2020 said a change in commanding officer aggravated her isolation. He appeared ‘indifferent or uninterested in [her] wellbeing beyond the minimum administrative requirements’ and ‘unable to grasp that he had a responsibility to actively monitor and control her medical discharge’.<sup>230</sup>
193. We neither endorse nor disendorse the individual welfare board model. However, we cannot see any reason why the member should not be able to attend a MEC Review Board meeting to hear and, if they choose, respond to the assessment of their capabilities and how they might continue to contribute to the ADF. We accept this may be a stressful environment for the member and recommend they ask a support person of their choice to accompany them.

## Taking a trauma-informed approach

194. In March 2023, the ADF released *Trauma Informed Principles* to guide harm minimisation. These principles are set out in a two-page document that provides very general guidance for interactions but no instructions on how to adapt one's behaviour to follow the guidance.
195. The principles state:
- A person-centred approach means to focus on the needs and wishes of the individual. Person-centred approaches create opportunities for people subjected to trauma to direct their own recovery, rebuild their sense of control and empowerment, and promote capability in Defence.<sup>231</sup>
196. The document also includes material on implementing five approaches while interacting with individuals, based on safety, trust, choice, empowerment and collaboration.
197. However, some ex-serving members told us they felt pressured to sign medical discharge paperwork or were unaware of what they were signing due to poor mental or physical health.<sup>232</sup>
198. We urge Defence to provide expanded guidance on implementing trauma-informed principles to all ADF members. This includes commanding officers, MEC Review Board Chairs and others whose roles may substantially impact members who have suffered physical or mental health conditions during their service. We provide more information about taking a trauma-informed approach in the introduction to this report, About the Royal Commission, and Chapter 10, The ADF military justice system.
199. Specifically, we encourage Defence to update its procedures for discharging members and incorporate a trauma-informed approach.

## Improved training and guidance are needed for transparent and consistent decisions

200. We considered whether current training and guidance support procedural fairness for members.
201. While the *Military Personnel Policy Manual* states, 'A MEC [Review Board] is to adhere to the principles of procedural fairness', it does not specify what this entails.<sup>233</sup>
202. Commander Juckel described the training the Navy provided to members on the MEC system and supports available for members.<sup>234</sup> The Navy gave commanding officers a presentation on the MEC Review Board up to 2020, and a new course was to be developed. The previous course materials addressed topics including MEC Review Board forms and processes, referral triggers and stigma attached to the MEC Review Board.<sup>235</sup> Commander Juckel did not identify any course materials specifically relating to procedural fairness for members, or mitigating the stress they may experience as a result of the MEC Review Board process, beyond individual welfare boards.<sup>236</sup>

203. We asked Defence via notice to advise us of procedural fairness training and guidance provided to MEC process decision-makers. Defence advised that procedural fairness is informed by:
- (1) members' ability to seek a review of decisions
  - (2) on-the-job training for MEC Review Board Chairs
  - (3) a full-day training course introduced in 2023 on transition, covering decision-making in career management, legal implications of decision-making, MEC Review Board considerations, administrative separations considerations, support for MEC decision-makers, modes of separation decision-making, and stress and trauma in the ADF
  - (4) online courses on Australian Privacy Principles, unconscious knowledge and bias, fact finding, and conducting Inquiry Officer Inquiries
  - (5) the *Good Administrative Decision-Making Manual* and supporting presentations.<sup>237</sup>
204. Commander Juckel stated that MEC Review Board Chairs, as well as undertaking 'on the job training', may consult other MEC Review Board Chairs.<sup>238</sup> Career managers receive a presentation on the MEC Review Board as part of their induction and ongoing development.<sup>239</sup>
205. Similarly, Lieutenant Colonel Foster stated, '[t]here is no specific formal training involved for this role [MEC Review Board Chair], in the usual Army sense'. Instead, 'our training comes via our roles as COs [commanding officers] in other units'.<sup>240</sup> Lieutenant Colonel Foster indicated that he intended to develop training for Army MEC Review Board Chairs in consultation with the Navy and Air Force Chairs.<sup>241</sup>
206. The 'Introduction to MEC for Health Unit Staff' training is provided to all Joint Health Command staff and clinicians.<sup>242</sup> The course provides an understanding of the MEC system as it relates to members, explains the MEC Review process, and outlines the administrative duties a medical staff member must complete. Senior medical officers with authority to conduct a MEC review, complete the 'Conducting a Planned MECR' and 'Introduction to Military Employment Classification for Defence Medical Officers' modules.<sup>243</sup>
207. While we are surprised that it is not already in place, we acknowledge the intention to introduce training for MEC Review Board Chairs, expressed by Commander Juckel and Lieutenant Colonel Foster. The Chief of Personnel, Lieutenant General Natasha Fox, suggested that the integration of MEC Review Board functions under her office will support Chairs in developing consistent processes and sharing lessons.<sup>244</sup>
208. The Australian Government indicated that integration of MEC Review Board functions under the Chief of Personnel will support the review of MEC Review Board processes, policy, structure and terminology (including the removal of the term 'Board' as it is misleading).<sup>245</sup>



209. Defence should issue joint training and guidance materials on procedural fairness in the MEC Review Board to ensure the process is fair, consistent and transparent. It should address key points such as:

- principles of natural justice, including the member's right to be heard and the accompanying or ancillary rights to know and challenge the case against them
- how MEC Review Board Chairs weigh up medical and non-medical inputs
- how members can participate in the MEC Review Board process
- supports available to members during the MEC Review Board process
- how MEC Review Board Chairs identify alternative deployable and undeployable roles that could be offered to the member.

### **Recommendation 6 : Improve the procedural fairness of the military employment classification system**

Defence should ensure members are treated fairly when making decisions about their fitness to be employed or deployed by the Australian Defence Force. To achieve this, Defence should:

- (a) publish a guidance direction for decision-makers in the military employment classification system on the requirements of procedural fairness
- (b) ensure members may review all relevant documents before a decision is made about their military employment classification and have an opportunity to make direct representations to the decision-maker, including at Military Employment Classification Review Board meetings.

## **5.3 ADF culture interacts negatively with the MEC system**

210. In this section, we explore how military culture may contribute to the increasing rate of medical separations – through poor injury prevention, inadequate treatment or rehabilitation, and disincentives that prevent members from seeking help for illness and injury.

211. Chapter 7, Culture and leadership, discusses the culture in the ADF, while Chapter 15, Promoting health and wellbeing among ADF members, discusses the prevention and treatment of illness and injury, including mental health conditions.

### 5.3.1 The threat of MEC downgrade prevents help-seeking

212. Evidence before the Royal Commission suggests the threat of being medically 'downgraded' reinforces a culture of hiding injury or illness that prevents people from seeking help. This includes seeking help from within the ADF health system.
213. This culture is underpinned by the rigid MEC categories and the threat of being downgraded. Being downgraded labels members as weak and needing support rather than being self-sufficient. It stigmatises members and impacts their careers by affecting promotions and deployments.

#### Perception that seeking help will lead to a MEC downgrade is endemic within the ADF

214. The then Chef of the Defence Force, General Angus Campbell AO DSC, agreed that there is a stigma around help-seeking within Defence, especially in relation to mental health. He agreed this is particularly prevalent because a mental health issue could directly lead to a change in MEC status so that a member is unable to serve.<sup>246</sup>
215. Retired Major General Jeffery John Sengelman DSC AM CSC served as Special Operations Commander and Deputy Chief of Army. He described a widespread reluctance to disclose perceived weakness, driven by a desire to be part of the team and a fear of it impacting deployability:
- a lot of our service personnel, including myself, right, are reluctant to disclose any perceived weaknesses because it might trigger justified interventions to treat those problems, but, at the same time, make me not deployable, right? And there is such a strong sense in the military to want to be part of a team, to be deployable and to hold back or not fully disclose what is going on ...<sup>247</sup>
216. Testimony from Navy clearance divers at Hearing Block 10 suggested a reluctance to be full and frank about issues that are affecting them psychologically because they fear a MEC downgrade.
217. Mr Michael Maley CSC DSM, a former navy diver with 35 years of full-time service, stated:

It was common knowledge that people were using their Medicare card to go outside of the Defence system because of the fear that being downgraded in a medical status, and also particularly mental health issues, would affect your medical status and therefore your employability and also your security clearance.<sup>248</sup>

218. Mr Ryan Kelly told us that due to three bouts of pneumonia, he needed to stand down for an extended period to recover. As he was a diver by trade, and the issues with his lungs would continue to affect his ability to dive, he was told he would 'never work, deploy or go to sea again' and would likely be 'heading down the path of a medical separation'. He was downgraded to MEC D4 (a diver-specific code meaning permanently 'unfit to dive'). Mr Kelly said he 'felt like [he] could continue to add value to the ADF' but was made to continually 'fight for his existence in the Navy'. He told us:

I was told by many friends through the Navy that senior leaders in Navy were out and about openly saying 'we don't need everyone to be fighting fit' and 'this is how we'll enact the strategies'. I recall thinking 'how about putting some action to words? I'm getting kicked to the curb and I'm not an invalid'. That was tough.<sup>249</sup>

219. Mr Ashley Semmens, a former Officer in Charge of Maritime Explosive Ordinance Disposal Capability, described 'hiding or covering up any injury, mental or physical' as early as during his Navy clearance diver training course.<sup>250</sup> He said:

it was made well known that if you missed a certain amount of time, being days over this year-long course, it would likely result in you either being either back-classed, removed from course, or transitioned outside of the Navy or into another role within the Navy.<sup>251</sup>

220. This had the effect of rendering mental health supports ineffective. Mr Semmens told us:

they're kind of taken away and they are not actually [accessible] because people won't go there. They won't go there due to the fear of being medically downgraded, losing allowances that are attracted by certain positions that you would be transitioned out of if you were to then have a mental health diagnosis.<sup>252</sup>

221. Mr Semmens agreed that carrying out an intrinsically dangerous role while unwell, rather than seeking support, also created risks:

I guess I'm a good case study for that, that I just didn't put my hand up. Maybe if I'd done it at the time, then I could have got the help that I needed and still been serving and had an amazing career. But that was too much of a risk for me at the time, and my opinion and attitude, which is a common one within the military as a whole, is that if you put your hand up, then pack your bags because you're gonna be on the way out.<sup>253</sup>

222. Mr Justin Huggett served in the Army for 14 years, including several overseas deployments, and now works as an advocate for veterans dealing with the Department of Veterans' Affairs (DVA). He gave evidence about his own experience managing injury outside the ADF medical system because he feared being medically downgraded or transferred out of his unit. This led to overconsumption of pain medication and alcohol.<sup>254</sup> Mr Huggett said:

The first thing you worry about is being taken out of your platoon and put in another organisation. We used to call it 'the windows and dish lickers platoon', because it was where all the people that were skiving out of things and everything would go. It was extremely bad for people's morale ... I did not want to go to that place.<sup>255</sup>

223. In a submission, another ex-serving member described being dissuaded from seeking care for a back injury that led to muscle soreness, which felt more serious over time: 'This first visit I was told to be careful because back injuries can easily lead to a downgrade'.<sup>256</sup> The member confirmed there was a culture that prevented timely access to care:

Steering soldiers away from seeking further care should be the last thing occurring in these initial stages of treatment. Medical staff should be aiding their patients in their recuperation and recovery, not hindering their progress back to normal health. Many members have had mates downgraded, seemingly arbitrarily, on returning from the RAP [Regimental Aid Post]. These experiences, coupled with the behaviour of RAP staff, further perpetuates the stigma associated with presenting to the RAP. Instead of seeking early treatment to resolve minor issues, members hide their injuries and exacerbate their condition.<sup>257</sup>

224. The failure to seek help in a timely way can lead to a worsening condition. Professor Andrea Phelps, a researcher who focuses on post-traumatic stress disorder in ex-serving members, told us about the impact of not being able to engage in care:

If someone is concerned, if they are not travelling so well, they put out their hand to say, 'I need some help', and it triggers a response that is disproportionate to the problem that they are experiencing, they might avoid seeking help because of the concerns about stigma. The risk of that, of course, is that mental health problems are then not addressed early and the longer the mental health problem goes on for, the harder it is to treat.<sup>258</sup>

This is also reflected in Australian and international literature.<sup>259</sup>

225. A literature review conducted by Phoenix found that the MEC system is a barrier to care for currently serving ADF members, who will avoid seeking physical or mental health care due to a fear of jeopardising their career or deployability.<sup>260</sup>
226. The interim National Commissioner for Defence and Veteran Suicide Prevention reported similar stories from ex-serving members and their families in her *Preliminary Interim Report*. The report identified stigma relating to seeking mental health support and a perception that mental health support was reportable to the MEC Review Board.<sup>261</sup>

## **MEC downgrade impacts deployments, creating barriers to career advancement**

227. A MEC review can be triggered by a change in a member's medical fitness, which could result in them being assessed as unable to be deployed at their current MEC. Some members said their strong desire to deploy prevented them from being honest during mental health screening, or seeking early treatment following injury because of the threat of medical discharge.<sup>262</sup>

228. Ms Kylie James gave evidence that seeking help for illness or injury could impact deployment opportunities and career progression:

the moment you ask for help, don't expect a deployment, which is what everybody wants, and your career is certainly going to come to a grinding halt, or you are going to find yourself subject to differentiated treatment within your unit as well, and it is generally not one of good support.<sup>263</sup>

229. In a submission, another member said this risk incentivised members to hide illness and injury:

As I was in a deployable squadron, the constant threat [of] medical discharge ... was always at the forefront of thinking. This leads to members hiding issues and injuries.<sup>264</sup>

230. Another member described how the desire to deploy was tied to the feeling of being part of the ADF family and the importance of not letting down your peers:

As a soldier, the last thing you want to do is leave your mates and to be told you would no longer be part of the deployment ... it would have been like being pulled from the team and being sent home from the Olympic Games. It would crush you and your career. I ... told the doctor I was OK and was sent back to the border.<sup>265</sup>

231. The Productivity Commission, in its inquiry report, *A Better Way to Support Veterans*, flagged that this was not merely a matter of perception:

where a reported injury or illness is likely to trigger an assessment of a reduced fitness for duty (and deployment) – or, in extreme cases, a discharge from service – there are very real incentives for serving members to not report it.<sup>266</sup>

232. It is possible for the MEC Review Board to offer a member a different MEC that allows them to undertake an alternative role within the ADF, but that might have financial implications.

233. ADF members earn more for undertaking particular deployments or specialist roles. Income may include tax-free deployment allowances (in recognition of hazards, stress and environmental factors associated with deployment) and location allowances (when posted to remote locations in Australia).<sup>267</sup> Eligible members can also be paid qualification and occupation-based allowances.<sup>268</sup>

234. These financial opportunities could be lost if a member discloses illness or injury. Ex-Navy clearance divers gave evidence that the potential loss of special allowances can be a disincentive for members to disclose medical conditions.<sup>269</sup> Mr Maley said:

Whilst there are a number of mechanisms available to serving members, they're kind of taken away and they are not actually assessable because people won't go there. They won't go there due to the fear of being medically downgraded, losing allowances that are attracted by certain positions that you would be transitioned out of if you were to then have a mental health diagnosis.<sup>270</sup>

### 5.3.2 The ADF military culture prizes strength over help-seeking

#### The perception is that mental health issues are career altering

235. The disincentives to seeking help are reinforced by a culture within the ADF that values strength and fears weakness or the appearance of weakness. Submissions and evidence showed there is a stigma attached to injury and illness, especially mental health conditions. It discourages members from seeking medical attention or other support from leaders and peers.
236. Lived experience and expert evidence from many of our public hearings indicates that admitting to needing ongoing mental health treatment is ‘career altering ... and sometimes career ending’.<sup>271</sup>
237. In the *Independent Review of Past Australian Defence Force and Veteran Suicides* final report, the Australian Commission on Safety and Quality in Health Care described the experience of a soldier who died by suicide. Deployments took a mental and physical toll on soldiers. Experiences from deployment (including life-threatening situations and the death of other ADF personnel) had a lasting impact on their mental health. Despite developing post-traumatic stress disorder, the soldier refused to seek help from ADF support services because of their attachment to the ADF and fear of medical discharge. In this case, the prospect of medical discharge and the uncertainty relating to post-military life caused distress and anxiety.<sup>272</sup>
238. Ex-serving member Mr Simon Marshall told us about perceived consequences after he shared information about his mental health with his chain of command:
- I confided in him some very sensitive information, mainly so that he could manage me appropriately with my diagnosed mental health conditions and also my current situation, especially having just come out of a psychiatric hospital ... I believe that he weaponised this fact that I had these severe mental health issues and basically what I can only describe as a witch hunt commenced from that point on.<sup>273</sup>
239. While being targeted as a result of mental health issues can occur in any workplace, we heard that psychiatric conditions are a particular barrier to employment within the ADF. Mental health issues as a barrier to employment emerged as a recurring theme.
240. Dr Nikki Jamieson gave evidence as both a mother with lived experience of suicide following the death of her son, serving member Private Daniel Garforth, and as a suicidologist with a PhD in moral trauma and veteran suicide. She indicated that poor mental health and deployment are often mutually exclusive:
- [A]s soon as their mental health is impacted, their career is impacted and deployment opportunities are minimised. This needs to change. Mental health can be worked with and dealt with appropriately. It does not mean someone has to be defunct because they are struggling with something mentally. This can change and it needs to change, we need to move out of the traditional hierarchical framework of ‘You are damaged, you are not fit’, and moving much more into inclusiveness and supporting and compassion and empathy.<sup>274</sup>



241. Dr Jamieson expressed her concern that inadequate support contributed to her son's decline in mental health and, ultimately, his death. She suggested further training for commanding officers is essential to reduce stigma, improve support and address the associated 'career limitations'.<sup>275</sup>
242. Witness BR2 testified to her perceptions of the effect of raising suicidality: 'I believe that in the ADF, if you utter anything about suicide, you are classified differently from the rest of the people'.<sup>276</sup> She talked of members' fear of being downgraded while at the 'peak of their career' and having their career development 'slowed down'.<sup>277</sup>
243. Mr Christian Lind, Managing Director of the Veteran Health Association, told us the threat of medical discharge was always present in members' minds. He said that in his experience some members have been advised by their commanding officer not to speak with psychologists 'because they will stop you from getting deployed', even though the same member will be 'happy to talk on my injury and other things'.<sup>278</sup>
244. Any disclosure of suicidal ideation is likely to trigger a risk-based response. The *Defence Health Manual* states:
- At-risk behaviour is any behaviour that increases the likelihood of a negative health outcome, such as engaging in self-harm, suicide or harm to others. Risk behaviours include ... recent history or talking/joking about suicide, self-harm, or harm to others.<sup>279</sup>
245. The responding person must report instances of risk to the member's commander or manager.<sup>280</sup> The commander or manager must then refer the member to a medical officer or mental health professional.
- Wherever possible for a member at risk, the treating MO [medical officer] or MHP [mental health professional] should implement immediate risk management measures to restrict access to the means of harming themselves or others. If appropriate, they should liaise with command to prevent the exposure of the Defence member to workplace situations that could potentially escalate risk (e.g. accessing firearms, driving Defence vehicles, flying, handling ordnance, etc).<sup>281</sup>
246. In addition, for members classified as being at medium or high risk, 'the member's commander must convene an individual welfare board to manage the support and welfare needs of the Defence member. The individual welfare board will prepare a crisis management plan for the member at risk'.<sup>282</sup>
247. It is appropriate for disclosures of suicidality to be taken seriously. However, as discussed, we have heard that there are a range of cultural barriers to seeking help. Disclosing suicidal thoughts or behaviours has the potential to be career altering. Furthermore, even the perception that disclosures may be career altering presents a barrier to seeking help.

## Physical injury may also contribute to the rate of medical separations

248. This section describes how physical injuries can lead to medical separations and the impact that these injuries can have on members' lifelong wellbeing. These issues are discussed in more detail in Chapter 15, Promoting health and wellbeing among ADF members.
249. Defence reported that more than 82,000 people were involved in work health and safety incidents over the 5 years from 2018–19 to 2022–23.<sup>283</sup> Of the Transition and Wellbeing Research Programme participants, almost three-quarters of ex-serving members and more than two-thirds of serving members reported at least one service-related injury.<sup>284</sup> The most common injuries were musculoskeletal injuries and fractures.<sup>285</sup>
250. Some dangers of military service cannot be avoided, especially during wartime. However, we note that the most common causes of physical injuries in the ADF are physical training, combat training and sport, not deployments.<sup>286</sup> Many of these injuries are preventable. For this reason, we discuss the issue in the context of culture.
251. Evidence presented to the Royal Commission indicated that publicly reported injuries may be the tip of the iceberg. The Department of Defence conducted a Safety Behaviour Review, which identified that members are reluctant to report injuries for cultural reasons and due to a lack of confidence that appropriate steps will be taken to address causes of injury:

The review has found that there is not a strong culture of reporting across the enterprise. Culturally, there is a fear of recrimination for those who report incidents or near misses, and there is a lack of confidence that if reports are made, any constructive change will happen ... The primary reporting system, Sentinel, is not user-friendly, and does little to alleviate the previous cultural concerns.<sup>287</sup>

252. A former Defence injury prevention program director, Dr Rodney Pope, gave evidence that the Sentinel system identified between 15 and 20 injuries per 100 persons per year. However, he said the best estimate from current research was that there are likely to be 394 injuries per 100 personnel per year. Dr Pope, who is Professor of Physiotherapy at Charles Sturt University, added:

So, we do know that what is being recorded in Sentinel is a vast underrepresentation of the injuries that [are] actually occurring in Defence. So, that raises a few issues. I guess one of the key issues around Sentinel, the difference here, Sentinel is based on the individual themselves or their commander reporting the incident, and so they have to go to the trouble to find the form if an incident's occurred, to fill out that form and to submit that form.<sup>288</sup>

253. Dr Stephan Rudzki gave evidence that:

Sentinel was an off-the-shelf, civilian-based, civilian workplace system that really was never intended to provide the level of granular information needed for proper military injury prevention.<sup>289</sup>

## Insufficient information to code most common injury type

254. Even if injuries were recorded in the Sentinel system, it would likely be ineffective for injury surveillance and prevention. We asked the Department of Defence to provide us with injury statistics from Sentinel from July 2017 to September 2023.
255. The most common injury type in all three services – at least three times more frequent than the next most frequent injury – was labelled ‘soft tissue injury due to trauma or unknown mechanisms with insufficient information to code elsewhere’.<sup>290</sup> This and other ‘insufficient information’ records do not effectively support injury prevention activities, nor do they sufficiently help DVA determine veterans’ entitlements. Without proper information about the type and causes of injury, it is impossible to prevent these injuries effectively.
256. The Department admitted to a number of Sentinel limitations:
- Sentinel is a self-reporting system; injuries which occur during training which are not reported, are not otherwise able to be identified; Sentinel data is unable to identify smaller groups within the establishment level. For example, unable to exclude training staff from data of ab initio soldiers; free-text or selections of pre-determined lists can be left blank; the terminology or definitions present may present multiple options that fit the incident that occurred; data is collated at every site differently; and each site records information about training, injury and activity in a different way.<sup>291</sup>
257. Brigadier Glenn Ryan, then Director, General Training and Doctrine, Headquarters Forces Command, told us Sentinel is limited to capturing acute injuries or when a specific incident can be attributed to an injury. He said it is inappropriate for monitoring chronic or repetitive exposure-type injuries, including psychological injuries:
- Injuries captured in Sentinel are generally of an acute nature or when a specified incident can be attributed to the injury ... The dataset does not contain chronic or repetitive exposure-type injuries; as a result, it is not possible to quantify mental health injuries.<sup>292</sup>
258. We asked the Department about steps it was taking to reduce the risk of injuries identified in Sentinel. In response, the Air Force described its Human Performance Optimisation program, which seeks to prevent common injuries through strength and conditioning, load monitoring and recovery.<sup>293</sup> The Navy described a similar program delivered to ADF Dive School students.<sup>294</sup> However, neither the Army, Defence People Group, nor other parts of the Navy outside the Dive School, could tell us of specific activities taken in response to injury types recorded in Sentinel.<sup>295</sup>
259. Instead, we heard of programs about issues such as electrical safety, ladder and manhole safety, hazardous exposures (including heat) safety, maritime safety, and equipment safety.<sup>296</sup> While these programs are warranted, the paucity of attention the ADF pays to the main form of physical injury most clearly associated with medical separation – musculoskeletal conditions – is concerning. In 2022, Defence undertook a stocktake of research and initiatives aimed at reducing musculoskeletal disorders, but acknowledges this has not had a significant impact on injury rates.<sup>297</sup>

260. Members told us the preventable nature of physical injuries compounded the impact of the injury on their mental health:

I am angry because I feel my injury could have been prevented in the first place and that there is a lack of care about fundamental occupational health and safety in the military workforce. I have experienced continuous depression; life is miserable now for me. Each day I feel exhausted and in pain. I have struggled with thoughts of suicide most days.<sup>298</sup>

261. For one member, lower limb injuries left them unable to serve in their desired role, resulting in their medical discharge:

The serious nature of the injuries at the time put a stop to me moving to my new battalion when that time came in the following months. Investigations continued and my mental health began to suffer. On-base support was helpful for a time. When my injuries meant I could no longer serve in combat roles, I had to choose between transferring or taking a med-discharge. I chose the discharge ... My mates would not return my calls or messages and I heard from no-one. During my time on the ward I never heard from anyone from the Army ... I asked my mates why they were ignoring me and they said they had been told by our platoon commander to not contact me and to not respond to me if I tried to contact them.<sup>299</sup>

## Conclusion

262. The culture of the ADF and the operation of the MEC Review Board process disincentivise members from seeking help in the early days post injury. It also contributes to an increased risk of chronic injury that may eventually result in medical separation.
263. Many of the injuries sustained by members were either preventable, if safety measures had been prioritised, or entirely treatable, if appropriate and timely care had been provided. The cultural issues that contribute to this occur at an organisational level. They also occur at a personal level, with individual members voluntarily hiding symptoms so they can continue to participate fully in ADF life.
264. This poor organisational and individual response to initial injury means that trained members who would otherwise be employable are lost to the ADF. And their risk of suicide increases because the fear of MEC downgrade or medical separation prevents them from seeking medical assistance for treatable injuries.

## 5.4 A more strategic approach to retention is required

265. When a MEC Review Board finds that a member cannot be deployed under their current classification, there are ways to retain their skills and experience. Under the MEC system, members can retrain to be deployed in a different role, or employed within the ADF using a non-deployable classification such as J42 or J49.
266. However, the evidence before this Royal Commission indicates these avenues are rarely used. This has a significant impact on the wellbeing of members who are forced to leave the ADF involuntarily. It means a loss of skills and experience at a time when recruitment and retention are major challenges. Lieutenant Colonel Chris Gilmore, Commanding Officer of the 5th Battalion, Royal Australian Regiment, told us retention is Defence's 'number one priority'.<sup>300</sup>
267. This section will consider how Defence could take a more strategic approach to retaining members found medically unfit to deploy.
268. Part 2, *Serving the nation*, considers other discharge processes, retention strategies to reduce voluntary separations, and the impact of the MEC system on postings and promotions.

### 5.4.1 Retraining and transfer under the current framework is on a case-by-case basis

269. When a member is no longer deployable, 'the ADF will consider the trade, skills and experience of the member as well as their ability to contribute to capability of the ADF if retained'.<sup>301</sup> This may include roles across the ADF's permanent and reserve forces.
270. The Department of Defence said it has started considering, on a case-by-case basis, employing medically unfit personnel in the reserves.<sup>302</sup> The reserves offer access to part-time work, so a member who cannot work full time due to their health can continue to contribute. We would also encourage the ADF to consider offering flexible working, including part-time hours, to members of the permanent forces to retain capability and support member wellbeing.
271. Lieutenant Colonel Scott Forster, a MEC Review Board Chair, explained how the system is intended to work. When a member is found to be unable to deploy, they will be given a 'holding' classification. The MEC Review Board then consults career managers across the services to identify skills gaps and an opportunity for the member to retrain. The member can then accept one of the alternative roles or appeal the decision of being unable to be deployed. If they accept a role, they have 12 months to 'get back up to a deployable MEC in their new trade'.<sup>303</sup> We considered whether this supports the retention of members who are found to be undeployable in practice.

## 5.4.2 There is a reported lack of alternative roles

272. Members face many challenges when they are found to be undeployable but want to remain in service. This contributes to a perception that the skills and experience they have developed over years of service are not valued.<sup>304</sup>

273. Lieutenant Colonel Kenneth Golder of the 3rd Combat Engineer Brigade, said that in his experience the take-up of alternative roles is low because the offerings are not relevant or of interest to the member:

My experience is people join the Army to do what they believe and what they want to be their core role or function, whether that's an infantryman, an artilleryman, an engineer or a logistician. What I have seen in a combat support corps, from an engineer's perspective, they join to be an engineer to do engineer things. Where the offering is to go and become a logistician or a clerk, the uptake is low because that's not what their passion was or is.<sup>305</sup>

274. We heard extensively about the experience of former Navy clearance divers. This is a highly specialised, high-tempo and dangerous role that can only be undertaken by a member with a MEC 1 classification.<sup>306</sup>

275. Mr Michael Maley is a former Navy clearance diver with 35 years of service. He was the Australian Clearance Diving Team One Commanding Officer, the Mining and Clearance Diving Group Chief Staff Officer and Chair of DiveSafe, the organisation responsible for implementing diving safety across the Navy.<sup>307</sup> His mental health suffered as a result of his experiences on deployment. He described being contacted while on deployment in Afghanistan to be informed his skills were too specialised to be used in another role in the ADF:

I was about three-quarters of the way through my deployment and was told to contact my career poster back in Australia to discuss my next posting. I was told that the Navy really didn't have any further work for me on return to Australia, and it would be too hard to employ me back here because I had been so specialised in the clearance diving world and particularly the global war on terror and, therefore, a compulsory transfer to the reserves could be one of the possible solutions.<sup>308</sup>

276. He said he 'felt that really I had wasted the last 10 years' and asked himself 'why was I not worthy of further employment with the Navy?'<sup>309</sup>

277. Another former clearance diver, Mr Ashley Semmens, told us he was unable to use his skills and experience after experiencing a particularly traumatic improvised explosive device incident:

The common way that I explain it and that many other people within Defence I've had experience with, all three services and all of the ranks, that you are simply a number and you will be replaced very quickly.<sup>310</sup>



278. Former clearance diver Mr Maley noted the very high rate of medical separations for Navy clearance divers. He said, 'in one year', 85% of all clearance diver separations were medical.<sup>311</sup> This is much more than the rate of medical separations for all ADF roles, which was 64% of separations (excluding those who transferred to the reserves) in 2022.<sup>312</sup>
279. Mr Maley suggested this is a consequence of both the high-tempo nature of the work and the requirement for a MEC 1 rating.<sup>313</sup> He suggested Navy clearance divers without a MEC 1:
- can be employed in capability development, in training, in policy development, and ensuring that those other functions that back up the capability are being done by fully qualified people, instead of leaving and then not having people in those jobs and focusing on those very important functions.<sup>314</sup>
280. Mr Maley thought there was 'most definitely' room for clearance divers to pursue 'meaningful work' in the Navy without a MEC 1 rating, but 'you were not allowed to serve within clearance diving organisation if you weren't medical category 1'.<sup>315</sup>
281. Mr Ryan Kelly served as a Mine Warfare and Clearance Diving Officer and as Future Navy Workforce Planning for Mine Warfare and Clearance Diving Deputy Director. He was medically separated in 2023 following a respiratory illness and a spinal injury obtained during service.<sup>316</sup>
282. Mr Kelly said he was still able to make a significant contribution to the Navy, with appropriate restrictions in place:
- The MEC system has to be reformed. I don't understand why Defence members at MEC J51 or J52 are written off the books. They could come back and add value to the ADF.
- With work restrictions, there is no reason why I could not or would not love to be reconnected with Navy in some way. I could do a 15-hour week as a contractor to Navy.<sup>317</sup>
283. Instead, in 2022 a MEC Review Board assessed Mr Kelly as J52 – undeployable and appropriate for medical separation.<sup>318</sup>
284. This experience is not unique to Navy clearance divers. We heard similar evidence from former ADF members with diverse careers. For example, a member of the Air Force currently undergoing medical discharge after a diagnosis of epilepsy told us that there was no support to retain him despite suitable work available:
- The Commanding Office keeps saying I am a liability to the RAAF but ... I was on the flight deck, next to aircraft, supervising and undertaking my role within my restrictions appropriately. Why has it only become a problem now? I said I was open to working in other areas, I know there are office roles ... these are positions I have undertaken in the past ...<sup>319</sup>

285. Some ex-serving members told us that once they were found to be undeployable due to illness or injury, they were offered or posted to roles that did not give them a sense of purpose. This can contribute to a feeling of loss and being discarded.

286. A Flinders University research team, led by Associate Professor Ben Wadham, drew on three case studies to describe the views of ex-serving members who experienced further organisational stigma by being given 'demeaning' jobs when on the path to medical separation.<sup>320</sup>

287. Ms Kate-Frances Duffy gave evidence, 'the Royal Australian Navy was my whole entire life and if I wasn't physically injured, I would still be in there to this day'.<sup>321</sup> Ms Duffy continued:

I didn't want to leave, but I felt that I had no choice ... it was like after I was injured and had problems, you are no use for the Defence Force anymore and here's the quickest way and we'll show you the door and you are institutionalised so you forget how to be a normal person.<sup>322</sup>

288. Counsel Assisting asked Ms Duffy about any interest she had in an alternative role, or whether any discussion or consideration was given to finding another job within the service. Ms Duffy said:

Yes, there was and, yes, I did do some other positions for a short amount of time. Was it planned out properly? No. Were they jobs that didn't really have purpose? No. Were they what I was trained in? No. Was I told that I was being posted somewhere and then arrived at that posting to then be told, 'Oh, no, you're actually doing this instead?' Yes.<sup>323</sup>

### 5.4.3 It is possible to have employment in the ADF without active deployment

#### Decoupling deployability and employability, to retain skills

289. While the ADF uses the MEC system to assess both employability and deployability, a member's capacity for operational deployment is prioritised. Joint Health Command's Dr Darrell Duncan explained why deployability is a central concern for the ADF:

Defence's mission is to defend Australia and its national interests ... Those who cannot meet the required medical and fitness standards may not be able to perform their duties safely in a deployed or operational setting, placing themselves and others at risk, such that the operation/mission may be compromised.<sup>324</sup>

290. However, several witnesses told us that there is growing interest in decoupling employability and deployability to enable retention.

291. Lieutenant Colonel Scott Forster suggested there is now greater scope to employ members who are not considered to be medically fit for deployment, especially where they have specialist skills. He said:

I think the ADF of today – and this is my observation and my experience – the ADF of today is not the ADF of even 5 years ago, and the types of activities we are involved in is much ... broader, so the requirement to have an individual to be deployable as well as employable is not necessarily something we need to apply across the whole force. There is a requirement to recruit and employ individual[s] that are not necessarily deployable because of the specialist skill sets they have.<sup>325</sup>

292. Commander Samantha Juckel RAN stated, 'deployability is not an essential requirement of service'.<sup>326</sup> She explained the steps taken to find alternative roles within the ADF for members who would otherwise be medically discharged:

In all instances where a member is employable but not deployable and their career manager cannot support retention, then MECRB [MEC Review Board] will offer an employable MEC to enable the member to request a transfer to SERCAT [Service Category] 3/5 (these categories enable employment in the reserves).

Additionally, a member who is not able to be retained in their employment category, but would otherwise be deployable, may be considered for a transfer of workgroup, commissioning or transfer of service.<sup>327</sup>

293. This suggests that members can be retrained for a different role in the permanent forces they are medically fit to undertake.

294. Commander Juckel explained the difference between 'employable' and 'deployable' in the context of the Navy:

looking at employable, a member is able to be employed in their work group or their category or their corps, within employment restrictions. When we are looking at deployable for Navy, it's to be able to serve at sea but it's also to be able to undertake operations either in Australia or overseas.<sup>328</sup>

295. Employment restrictions may include that a member must have access to medical care or pharmaceuticals or must not perform certain duties.<sup>329</sup>

296. We heard similar messages about the potential for change from other senior leaders in the ADF. Lieutenant Colonel Gilmore said:

I think we're actually maturing as an organisation that we're looking at the best ways – there is a difference between employability and deployability. And ... retention is our number one priority. We've got to look to keep the good people we have that have already put their hand up to do this job.<sup>330</sup>

297. Lieutenant Colonel Nicole Walker is the Commanding Officer of the Joint Health Unit, Central Australia. She reiterated Lieutenant Colonel Gilmore's view, but cautioned there was still a cultural barrier to making better use of members with a non-deployable MEC:

MEC doesn't necessarily mean that an ADF member can't do their job. All it means is there are some restrictions associated with how they might do that job. And I think that there still exists a perception that a MEC, certain MECs are career ending and that people will be perceived as somehow wanting or lacking in their current role, and I don't believe that to be true.<sup>331</sup>

... we also need to consider uncoupling deployability and employability. Just because a person is not deployable does not mean they are not fully employable in their trade and that they often have a whole lot to give to Defence, albeit they still need ongoing health support.<sup>332</sup>

298. However, the evidence we heard and submissions we received were that those with a MEC 5X (not deployable and not employable) are unlikely to retain their careers. In some cases, this was also the case for those downgraded to MEC 3X (temporarily not deployable) and 4X (employment at service discretion).

299. As an enlisted member, Ms Duffy suggested there would be significant interest in decoupling deployability and employability:

I would stay and return in a heartbeat if that was the case, and I would love to, you know, even go into a position where I'm helping people transfer because the most information that, I suppose, I gained was from people who had previously transitioned, and I was asking them the questions and they were answering them. So, yeah, and I think you would actually – I think the ADF in general would be quite shocked and surprised how many people would 100% return to help in any way, shape or form.<sup>333</sup>

300. This growing interest in decoupling employability and deployability has translated into joint governance arrangements and some changes to policy in 2023. The Deputy Secretary, Defence People Group, Ms Justine Greig PSM, outlined the work of the Minimising Involuntary Separations Working Group. Under terms of reference dated August 2023, the working group was established to address the growth in involuntary separations, including medical ones. It includes members from the Joint Health Command, Headquarters Joint Operations Command and Defence People Group (People Policy and Employment Conditions and Workforce Planning).<sup>334</sup>

301. The Department of Defence confirmed the working group aims to:

- determine whether or not MEC classifications are contemporary and flexible enough to retain ADF personnel who can still contribute to capability
- reduce ambiguity to enable greater consistency across MEC Review Board determinations
- ensure harmonisation between the *Military Personnel Policy Manual* and the *Defence Health Manual*

- establish enduring frameworks to test against workforce planning requirements
- enhance education at all levels and promote greater procedural transparency
- maximise retention and enhance capability output in the contemporary operating environment.<sup>335</sup>

302. As at July 2023, when Ms Greig made her statement, the working group had progressed:

a review of the MILPERSMAN definitions relating to employability and deployability, progressed an expansion of the medical classification options to permit continued service (through a new military employment classification of J49), developed fact sheets to assist individuals, commanders/managers, and medical officers, and [was] currently focused on ongoing education for individuals and other stakeholders.<sup>336</sup>

303. In a Response to Notice, the Army indicated it has changed its practices and procedures. It has increased the use of 'alternate MEC' codes relating to employment at service discretion, such as J42 and J49. It has done so to use the 'employability' skills members hold, without the requirement for deployability.<sup>337</sup> The response notes:

In this manner, Army allows members to continue their military career, inclusive of career progression and promotion within their protective restrictions and abilities.<sup>338</sup>

304. The Air Force identified this as an opportunity to improve retention in the context of a 'Defence personnel crisis'. In a March 2023 report to the Defence People Committee, Air Force actions included 'Review of MEC [Review Board] determinations', described as '[f]ocusing on employability vs deployability (where appropriate) ... This initiative seeks to create opportunities for individuals to remain in service for a longer period'.<sup>339</sup> The key change appears to be the introduction of MEC J49 to give MEC Review Boards the discretion to allow long-term employment.<sup>340</sup>

305. It is unclear how many suitable roles for members unable to deploy are available across the ADF and how this compares with the number of members medically separating. There could be significant competition for such roles. There is also a risk that increasing retention of undeployable personnel could displace members seeking respite following intense deployment periods. Mr James Kerin had recently medically separated from the Navy. He and Commander Gary Wight AM RAN cautioned that in the Navy, these roles are needed as shore billets to relieve members who spend long periods at sea, especially those starting a family.<sup>341</sup> Commander Wight spoke of the opportunity to 'see greater employment of our veterans in the broader Defence ecosystem' such as Joint Transition Authority transition coaches.<sup>342</sup>

306. In a statement, the then Chief of the Defence Force, General Angus Campbell AO DSC, said:

[w]here we can re-train and re-skill our ADF members, it is our priority to do so in the interest of the individuals who have committed to service life and in the interest of building and sustaining military capability.<sup>343</sup>

307. He said future workforce planning may reflect different skills, capabilities and possibly employment standards.<sup>344</sup>

308. However, General Campbell cautioned that approximately 25% of the ADF are non-deployable personnel on any given day. This includes members in training and those who are medically unfit.<sup>345</sup> He stressed the ADF's operational needs:

We do so on occasions in the interest of the Service, and reflective of the specialist needs or experience of the individual but we do not do it in general. If we did it in general, accepting medically undeployable members' preference to be retained, the force would rapidly become undeployable.<sup>346</sup>

309. General Campbell did not say what an acceptable level of undeployable personnel would be.

310. Lieutenant Colonel Golder questioned the impact at the unit level. 'The challenge a Unit Commander will have is how do we define what positions in a unit become what I think is a non-deployable position versus a deployable'.<sup>347</sup> He said if the number of non-deployable positions grows, it may not meet the government's expectations about the scale of resources available for deployment.<sup>348</sup> For instance, he said his combat regiment is expected to be fully deployable.<sup>349</sup>

311. As Mr Steven Hill, who in 2023 was preparing to separate from the Army, suggested, there is also an opportunity to establish clearer pathways for medically separating members to obtain employment outside the ADF in the APS.<sup>350</sup> We discuss this further in Chapter 23, Transition from military to civilian life.

312. We welcome the growing understanding within the Defence leadership about the different ways that skilled and experienced members can be used outside traditional deployment roles. Rethinking the relationship between employability and deployability could have a positive impact on ADF member retention,<sup>351</sup> with a corresponding change in perception about the MEC system as a career-ending process.<sup>352</sup>

## **MEC J42 'Employment at service discretion' enables retention**

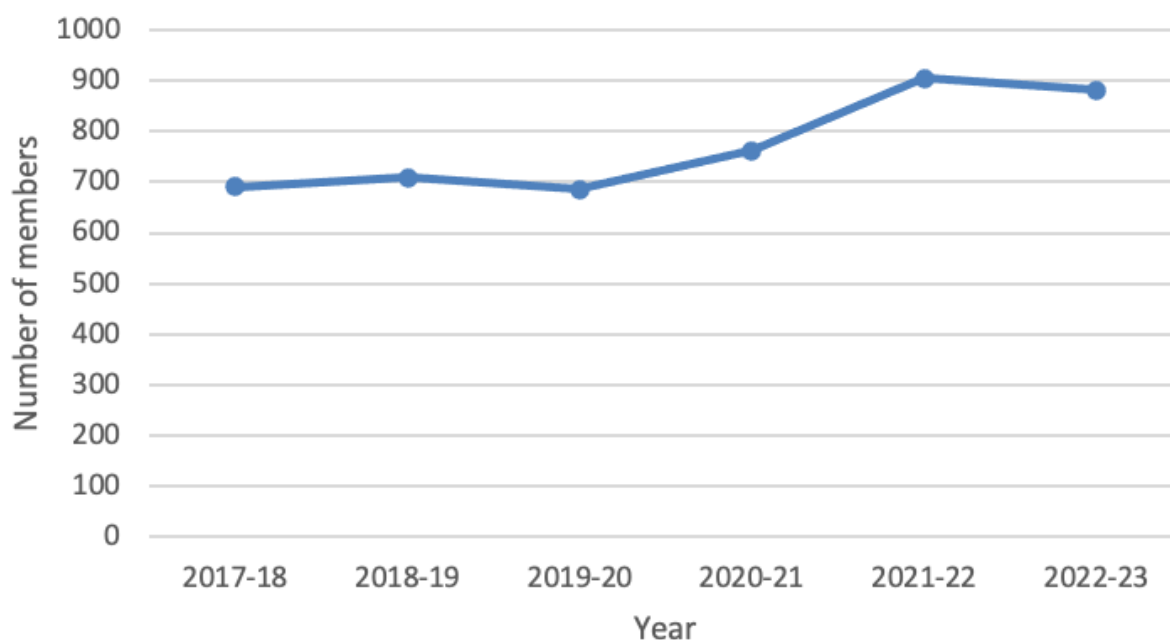
313. MEC J42 'Employment at service discretion' is a classification that allows the ADF to retain a member who can no longer be deployed for health reasons instead of pursuing medical separation. MEC J42 may be offered 'based on Service need and workforce vacancy'.<sup>353</sup> This allows members' expertise to be used in new ways, for example, by training others. Commander Juckel explained:

J42 is where a member is not able to be deployed in the long term but they have a set of skills and they have experience that we want to retain. For example, in Navy, we may have a warfare officer who is no longer able to go to sea because they have a medical condition that precludes that, but they have experience and skills that we can utilise to continue to train other members and to contribute to our capability, and so therefore we will seek to retain that member for the longer term.<sup>354</sup>



314. It replaced previous 'home only' codes specific to each service, which enabled a member to serve at home or in Australia only up to 2000. A 'critical skills' waiver also allowed the ADF to retain members who were medically unfit in the long term.<sup>355</sup>
315. The 2009 *Review of Mental Health Care in the Australian Defence Force and Transition through Discharge* had noted this shift away from home only codes that allowed individuals to remain members of the ADF without being able to deploy. Review author Professor David Dunt said this had 'occurred at a time when many jobs were contracted out to be performed by civilians. These, up until then, had been performed by members'.<sup>356</sup>
316. A J42 classification does not provide employment security for members who have non-deployable MEC codes. In addition, the classification may not support wellbeing over the medium to long term because it requires the member to be referred to the MEC Review Board every 5 years.<sup>357</sup> In her statement, Commander Juckel said:
- For those that are long term non-deployable but remain employable, the requirement to be reviewed at least every 5 years provides no stability of employment and does not encourage their continuity in SERCAT 7, and this can be very difficult for those with a mental health condition.<sup>358</sup>
317. Commander Juckel said regular review by a MEC Review Board is necessary to keep up to date with changes in the member's medical condition and the ADF's capability requirements.<sup>359</sup> She said this is to ensure the deployability of the force. Dr Duncan noted that review often coincides with the posting cycle.<sup>360</sup>
318. It is unclear why monitoring the deployability of individual members on MEC J42 cannot be done through their routine consultations with a medical officer. Certainly, in the case of those with permanent injury, there is no need for a review unless there is a significant change in symptoms. A medical officer can instigate a MEC review at any time in response to a change in the member's condition.<sup>361</sup>
319. In relation to the overall deployability of the ADF, the Department of Defence could monitor the number of people assigned to each MEC code. If, for example, the number of people on MEC J42 became too high, this could trigger a strategic response. Commander Juckel agreed with this proposition.<sup>362</sup>
320. We asked the Department how many members were on MEC code J42 from 2017–18 to 2022–23. These numbers are presented in Figure 5.5.

**Figure 5.5 Number of members at MEC J42**



Source: Exhibit F-05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0051 [Table 18.2].

321. In 2022–23, 881 members were prescribed a MEC J42 at least once, including members who are no longer serving or who are reservists.<sup>363</sup> Use of J42 was relatively stable from 2017–18 to 2019–20, before beginning an upward trajectory in 2020–21.<sup>364</sup> Between 2017–18 and 2019–20, members were assigned MEC J42 for an average of 400 days.<sup>365</sup>

### **Introduction of ‘MEC J49 Long-term employment at Service discretion’ is a step in the right direction**

322. In March 2023, Defence amended the *Military Personnel Policy Manual* to introduce a new code, ‘J49 Long-term employment at Service discretion’. J49 allows a member who is not deployable to be employed within the ADF over the long term. They can be posted and promoted.<sup>366</sup>

323. A MEC Review Board may offer a member a J49 classification based on:

- service need
- judgement by the CMA [Career Management Agency] that the member can be employed in their employment group across multiple posting cycles and has opportunities available for career progression in accordance with single service career continuums
- indication from the health practitioner, supported by MECARS, that the member is clinically assessed as stable and unlikely to deteriorate in the employed environment.<sup>367</sup>

324. The *Military Personnel Policy Manual* specifies that it is 'dependent on service requirements and at CMA discretion'.<sup>368</sup>
325. Unlike J42, J49 does not automatically prescribe a 5-yearly MEC Review Board review. However, a medical officer must review the member at a frequency set by the board.<sup>369</sup>
326. The introduction of J49 is a step in the right direction. It offers a vehicle to give effect to the stated acceptance within Defence that there is value in retaining the skills and experience of members who are found to be undeployable.
327. However, the use of J42 and J49 is at the discretion of the many MEC Review Board Chairs and there is scope for significant variation and inconsistency in how it is applied. We asked Defence to identify the criteria used to assess 'service need' in deciding whether to allocate MEC J42 or J49. Defence advised:

There is no set criteria used to identify service need for SERCAT 7/6 [the permanent forces]. Service need for SERCAT 7/6 is identified in consultation with career management and is based on:

- (a) Skill sets of the individual – Does the member hold skills that Defence wishes to retain and is able to utilise in a non-deployable environment?
  - (b) Experience of the individual – Does the member have experience that Defence wishes to retain and is able to utilise in a non-deployable environment?
  - (c) Employment category – A MEC is determined according to the member's employability in their current employment category, at their current rank, in their Service. Are there non-deployable position vacancies in this member's employment category that they can undertake with their employment restrictions? Will filling these vacancies ashore with non-deployable members impact on the deployable workforce? How healthy is the workforce?
  - (d) Assessment – The Chair is to use their discretion in the weighting of medical advice provided against the requirements of the Service in a documented risk management decision.
  - (e) Procedural fairness – A MECRB is to adhere to the principles of procedural fairness, all considerations by the MECRB will be made available to the member.<sup>370</sup>
328. When J49 was introduced, Mr Ryan Kelly sought unsuccessfully to have his case reassessed by a MEC Review Board:

In July 2023, I got wind of a new MEC category – J49. I'd been at an Invictus Games training camp in Narrabeen. One of the captains working in this space sent me a slide on it. I thought that I would fit the bill.

We did everything we could to try and get my MEC status revisited.<sup>371</sup>

329. In May 2024, the Australian Government indicated there were only 48 full-time members classified as J49. The Chief of Personnel, Lieutenant General Natasha Fox, told us almost all of them are in the Army and Air Force. There was only one in the Navy.<sup>372</sup> Lieutenant General Fox reported these members were in engineering, logistical, personnel capability, health, intelligence and infantry roles.<sup>373</sup>
330. Lieutenant General Fox agreed that J49 is an opportunity to benefit both the individual and the organisation by improving retention.<sup>374</sup> She said, 'I think it can be rolled out further' and indicated that more work was needed to 'understand ... locations and what numbers could we increase to', noting the broader requirement for a deployable force.<sup>375</sup>
331. Lieutenant General Fox noted that the key issue for implementation is role design.<sup>376</sup> She suggested that the integration of personnel functions under the Chief of Personnel provides an opportunity to support greater mobility across the ADF, including the new cyber and space domains.<sup>377</sup>

## A strategic approach is needed to balance retention and deployability

332. A strategic approach is required to move beyond the current ad-hoc approach to selecting members the ADF wishes to retain and identifying suitable roles consistent across the three services. Defence witnesses spoke about the importance of retaining members with specialist skills. Still, neither the *Defence Health Manual* nor the *Military Personnel Manual* restricts the use of J42 or J49 to this circumstance.
333. An internal report prepared by a Defence Recruiting and Retention Tiger Team described a proposed initiative to simplify and reduce MEC thresholds for specific roles to support long-term sustainable workforce growth:

The changing nature of ADF work segments provides an opportunity to simplify and reduce MEC thresholds in certain work segments without a significant increase in risk. This initiative seeks to identify specific work segments that allow for significantly reduced MEC thresholds. Beyond the current binary MEC parameters, work segments would each have profiles that describe the deployable and non-deployable workplace requirements for both the overall work segment and by rank group.<sup>378</sup>

334. The report indicated this approach would be trialled 'in the work segments of cyber, communications, intelligence, logistics and personnel'. This is because '[a] strong appetite exists across DFR [Defence Force Recruiting], JHC [Joint Health Command] and services to trial bold MEC adjustments in low risk work segments'.<sup>379</sup> Defence states the initiative's aim was to 'enable risk owners to make more flexible and tailored employment decisions at the local level'.<sup>380</sup> The report identified there could be additional costs for Defence associated with rehabilitation and health care for retained personnel with ongoing treatment needs.<sup>381</sup> However, we note this might be balanced out by savings in funds administered by DVA.

335. The report links the initiative to the acceleration of the introduction of MEC classification J49.<sup>382</sup> In November 2023, then Chief of the Defence Force agreed the trial would be monitored as a line of effort in Defence Strategic Review implementation. We encourage Defence to pursue a more nuanced and long-term approach.
336. The evidence we heard shows that the process for identifying suitable alternative employment for undeployable members, including those under J42 and J49, is ad hoc. It also appears to rely on a separate investigation by the MEC Review Board Chair and Career Management Agencies for every case that goes before a board. This seems inefficient and creates a risk of delivering inconsistent and unfair outcomes for members.
337. The MEC Review Board process could be better supported by identifying role types likely to be suitable for undeployable members. This should go beyond the roles traditionally set aside to provide relief from active deployment, such as roles used by Navy members on shore leave.
338. It should consider how the skills and experience of undeployable members could be best used. This could include roles that focus on policy development, skills development (such as instructors) or lived experience (where peer support is invaluable, such as Joint Transition Authority transition coaches or Career Management Agency member support officers).
339. The review should consider roles currently filled by APS appointments and private contractors. The Productivity Commission, in its inquiry report, *A Better Way to Support Veterans*, identified an opportunity to reverse the outsourcing of support roles and offer them to injured members rather than forcing them to medically separate.<sup>383</sup> A March 2023 report to the Defence People Committee noted an increasing reliance on contractors to meet work demand.<sup>384</sup> An annual External Workforce Census conducted from February to March 2022 identified almost 35,000 'external workforce resources' in Defence.<sup>385</sup>
340. The review should also consider altering the scope and requirements of some roles so undeployable members may perform them.
341. There is a risk that the number and proportion of members on undeployable MECs will grow substantially without a strategic approach.
342. We accept that the ADF must maintain a certain proportion of personnel who are able to deploy at any time to ensure operational capability. However, it is not clear what the ideal balance might be, nor is it apparent that the ADF has considered this issue. The former may vary, depending on the overall size of the ADF and its strategic objectives. This is a critical question for ADF workforce planning.

343. The then Chief of the Defence Force acknowledged the ADF's workforce needs will change over time. These changes could provide opportunities to retain and use members' skills and experience more flexibly:

As we build the ADF of the future, there will be different skills, capabilities and possibly, employment standards, required. New domains and capabilities may offer the ADF greater flexibility in the way it can retrain and retain the members in whom it has already invested. Given the increasingly competitive market to attract people to military service, these considerations are being made as we design the future force.<sup>386</sup>

### **Defence workforce planning policies are in flux**

344. The *Defence Strategic Workforce Plan 2021–2040* is under review. Defence has identified six 'Interim Workforce Plan priorities' to guide efforts to the end of 2024 while a long-term workforce planning policy framework is developed.<sup>387</sup> Priority 6 is 'ADF Transitions', including an action to 'explore opportunities for reform', but it is unclear what this means.<sup>388</sup>
345. In the absence of such a framework, we considered the role of the ADF Total Workforce System in supporting a more flexible approach to workforce planning.
346. The Total Workforce System 'provides organisational flexibility enabling Service Chiefs to draw on a diverse personnel pool to effectively deliver Defence capability outcomes'.<sup>389</sup>
347. It provides a single picture of the different ways a member may serve in the ADF across a 'Service Spectrum', including Service Categories (SERCATs) and Service Options (SERVOPs).<sup>390</sup> This includes uniformed members and APS employees who are 'force assigned'.<sup>391</sup> The Service Spectrum is intended to support the 'attraction and retention of members as their personal circumstances change'.<sup>392</sup>
348. See Annexure 5.1 for descriptions of the Service Categories and Service Options.
349. The Total Workforce System provides a policy framework for members to transfer between roles in the ADF. It requires approving authorities to consider applications for transfer with regard to a number of factors, including retention:
- The retention of a member, who may otherwise separate from the ADF and who the Service considers to be a high performer, leader, or significant contributor to capability, may be considered as a factor when approving an application.<sup>393</sup>
350. Air Commodore Karen Ashworth CSC is the Director-General of Personnel in the Air Force. When discussing postings, she described the Total Workforce System as a way for members to 'stay part of the family' by moving between Service Categories when they can no longer offer full-time service.<sup>394</sup>



351. Within the permanent forces, flexible working is available to members under SERCAT 6 (A list of the different service categories is provided in Annexure 5.1 at the end of this chapter.). A 'flexible service arrangement' is defined as anything other than full-time service and '[t]he period or pattern of service may vary depending on the needs of the service and the member (eg days per fortnight, weeks per month or months per year or any combination)'. It may include job sharing.<sup>395</sup> However, the member is required to return to full-time service if required to do so.<sup>396</sup> Access to SERCAT 6 is at the service's discretion.<sup>397</sup>
352. The Total Workforce System requires members in the permanent forces (SERCATs 6 and 7) to 'maintain individual readiness requirements, including but not limited to medical and dental classification and security clearance'.<sup>398</sup> Some discretion is afforded to service chiefs to waive individual requirements in SERCAT 6.<sup>399</sup>
353. The reserves also provide an opportunity to work more flexibly, whether that is a time-limited project, serving at short notice, or a pattern of service over a number of years (SERCATs 3, 4 and 5).<sup>400</sup> Defence suggests application of MEC J42 and J49 is more flexible in the reserves 'as there is more scope to consider employment outside of a member's category or rank based on their individual skills/experience'.<sup>401</sup>
354. The Productivity Commission noted that 25% of recently transitioned members remained in the active reserves.<sup>402</sup> While part-time service in the reserves may enable members to better manage injuries or illness, it is not known whether this figure includes members who would otherwise be undeployable in the permanent forces.
355. Some ADF leaders are willing to use the Total Workforce System for retention purposes. For example, at Lavarack Barracks, a guide to retention and transition for the 3rd Brigade Leadership Team encourages leaders to 'embrace flexible workforce arrangements'.<sup>403</sup> The guide, issued by Brigadier Kahlil Fegan DSC, states:
- I think particularly well of those who enable our 3rd Brigade members to transfer to SERCAT 3 and contribute meaningful capability through part-time service. There are many options here and we should be willing to accept risk, if it means retaining a good soldier – **in any capacity – in any service**.<sup>404</sup>
356. We conclude that tools, including J42 and J49, are in place to employ members who cannot be deployed due to illness or injury, but they are used in an ad-hoc manner. Considering the significant increase in medical separations, there will likely be a growing demand for these roles. A more strategic approach to identifying employment opportunities is needed to support decision-makers in the MEC system.

357. We recommend Defence increases employment opportunities by:

- systematically identifying roles that may be suitable and should be considered for members who cannot deploy, and detailing them in workforce planning or other policies
- committing to maximise opportunities for continuing employment of ADF members who can no longer deploy due to illness or injury, including by minimising reliance on external service providers or contractors
- establishing processes to measure and monitor the number of members who can and cannot be deployed, and how changes in this ratio impact members' wellbeing.

358. This will support transparent, consistent and effective decisions; member wellbeing, where members wish to contribute to serve; and retention of valuable skills and experience at a time of growing workforce pressures in the ADF.

### **Recommendation 7: Increase employment opportunities within the Australian Defence Force for members who cannot be deployed**

Defence should implement measures to increase employment opportunities within the Australian Defence Force (ADF) for members who are no longer able to be deployed due to illness or injury. Measures should include:

- (a) systematic identification, within Defence workforce planning and other policies, of roles that may be suitable and should be considered for members who cannot deploy
- (b) a commitment to maximising opportunities for continuing employment of ADF members who are no longer able to be deployed due to illness or injury, including by minimising reliance on external service providers and contractors
- (c) processes to measure and monitor the number of members who can and cannot be deployed, and how changes in this ratio impact on, and are illustrative of, the wellbeing of members.

## Annexure 5.1 Total Workforce System, Service Categories and Service Options

**Table A1 Service Categories**

Service Category (SERCAT)	Description
SERCAT 1	Employees of the APS who are force assigned.
SERCAT 2	Members of the reserve forces who have no service obligation. They are liable for call out.
SERCAT 3	<p>Members of the reserves who provide a contingent contribution to capability by indicating their availability to serve, or who are rendering service to meet a specified task within a financial year.</p> <p>Members in SERCAT 3 may be afforded career management oversight (for example, receive performance appraisals, career development and training) and may be posted to fill an established position.</p>
SERCAT 4	<p>Members of the reserves who provide capability at short notice, with the length of notice and duration of service defined by the individual services.</p> <p>SERCAT 4 imposes additional obligations on members (for example, industrial relations compliance, higher training commitment), and in turn attracts commensurate remuneration. Members may be afforded career management oversight (for example, receive performance appraisals, career development and training) and are normally posted to fill an established position.</p>
SERCAT 5	<p>Members of the reserves who provide a contribution to capability that extends across financial years and who have security of tenure for the duration of their approved commitment to serve. They have stability in terms of a specific pattern of service and the number of days to be served.</p> <p>Industrial relations requirements and associated conditions of service may be applied at a service's discretion. Members are afforded career management oversight (for example, receive performance appraisals, career development and training) and are normally posted to fill an established position.</p>
SERCAT 6	<p>Members of the permanent forces rendering a pattern of service other than full-time, who are subject to the same service obligations as SERCAT 7. SERCAT 6 is characterised by provision of a flexible service arrangement, which is defined as anything other than full-time service and approved under a Flexible Service Determination.</p> <p>The period or pattern of service may vary depending on the needs of the service and the member (for example, days per fortnight, weeks per month or months per year, or any combination). Members are subject to the same service obligations as other members of the permanent force, including the inherent liability to serve on a full-time basis if required to do so.</p> <p>Members in SERCAT 6 are afforded career management oversight (for example, receive performance appraisals, career development and training) and are posted to fill an established position.</p>

Service Category (SERCAT)	Description
SERCAT 7	<p>Members of the permanent forces rendering full-time service. SERCAT 7 represents the maximum service obligation and in return, members in this category receive commensurate conditions of service.</p> <p>Members are afforded career management oversight (for example, receive performance appraisals, career development and training) and are posted to fill an established position.</p>

Source: Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0219-0223 [Table 5-1].

Service Options (SERVOPs) provide the services with the means of grouping members who provide capabilities where different arrangements are required. This could include entry standards, skill sets, remuneration, duty patterns or any other conditions as approved by the Chief of the Defence Force, in addition to those determined by the baseline SERCAT. A SERVOP may apply to more than one SERCAT and cannot be used in isolation of a SERCAT. SERVOPs are defined and described in Table A2.

**Table A2 Service Options**

Service options (SERVOPs)	Description
SERVOP C	Members of the reserve forces rendering continuous full-time service for a defined period. Members are generally afforded the same conditions of service to those provided to members in SERCAT 7, dependent on the period of service. SERVOP C may be applied to members serving in SERCATs 3, 4 or 5.
SERVOP D	Members of the permanent or reserve forces who are rendering service to Defence and working for a civilian employer under a formal shared service/employment agreement. The arrangement is set out in an agreement between the service(s) and industry partner. SERVOP D may only be applied to members serving in SERCATs 5 and 6.
SERVOP G	Members of the permanent force or reserve force rendering continuous full-time service in the ADF Gap Year program. This is for new members aged 17 to 24 years for a period of up to 12 months. Members are afforded conditions of service similar to those available to members in SERCAT 7.

Source: Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0224-0225 [Table 5-2].

## Endnotes

- 1 Commonwealth of Australia, Letters Patent, 8 July 2021, paragraph (b) (iii).
- 2 Commonwealth of Australia, Letters Patent, 8 July 2021, paragraph (b) (iv).
- 3 Commonwealth of Australia, Letters Patent, 8 July 2021, paragraph (c).
- 4 Australian Institute of Health and Welfare, *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2020*, November 2022, p 40 (Exhibit 55-01.009, Hearing Block 8, DVS.0008.0001.0105); Australian Institute of Health and Welfare, *Final report to the Independent Review of Past Defence and Veteran Suicides*, 2021, p 17 (Exhibit F-03.007, SUB.0000.0002.0059).
- 5 Appendix I, Comparative rates of suicide – ex-serving ADF members.
- 6 Appendix I, Comparative rates of suicide – ex-serving ADF members.
- 7 M Van Hooff and others, *Mental Health and Wellbeing Transition Study: Mental Health Prevalence*, Department of Veterans' Affairs, Transition and Wellbeing Research Programme, 2018, p 134 (Exhibit 20-03.043, Hearing Block 3, DEF.0001.0001.0145).
- 8 M Van Hooff and others, *Mental Health and Wellbeing Transition Study: Mental Health Prevalence*, Department of Veterans' Affairs, Transition and Wellbeing Research Programme, 2018, p 134 (Exhibit 20-03.043, Hearing Block 3, DEF.0001.0001.0145).
- 9 M Van Hooff and others, *Mental Health and Wellbeing Transition Study: Mental Health Prevalence*, Department of Veterans' Affairs, Transition and Wellbeing Research Programme, 2018, p 134 (Exhibit 20-03.043, Hearing Block 3, DEF.0001.0001.0145).
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- 33 Exhibit F.05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0043–0046; Transcript, Stephan Rudzki, Hearing Block 10, 18 July 2023, p 69-6696 [10–14].
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- 37 Transcript, Simon Stuart, Hearing Block 12, 22 March 2024, p 98-9972 [41–44].
- 38 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344 at 0491 [567]; Exhibit F.05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0047–0049; Exhibit 39-02.016, Hearing Block 5, Darrell Duncan, Witness Statement, DEF.9999.0018.0032 at 0033 [1–3].
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- 42 Name withheld, Submission, ANON-Z1E7-QM48-H, p 6; Name withheld, Submission, ANON-Z1E7-Q96T-U, p 2.
- 43 Name withheld, Submission, ANON-Z1E7-QQEM-U, p [2]; Stephen Windahl, Submission, ANON-Z1E7-QQ4Z-Q, pp [1–2] of supplementary material; Name withheld, Submission, ANON-Z1E7-QXQT-N, pp [2–3]; Name withheld, Submission, ANON-Z1E7-QZ8C-D, pp [2–4]; Name withheld, Submission, ANON-Z1E7-QQMH-X, p [2]; Name withheld, Submission, ANON-Z1E7-QZVX-Z, p [2]; Brian Jewell, Submission, ANON-Z1E7-QZ2G-B, pp [18–19] of supplementary material.
- 44 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0916 [2.29–2.30].
- 45 Exhibit V-01.002, Department of Defence, Response to Notice to Produce, NTP-DEF-019, ADF Member and Family Transition Guide, DVS.0000.0001.9433 at 9528, 9459; Exhibit XX-01.0002, Department of Defence, Response to Notice to Produce, NTP-DEF-001, Transition for Employment, DEF.0001.0001.7359.



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50 Transcript, Stephan Rudzki, Hearing Block 10, 18 July 2023, p 69-6663 [32–42], 69-6696 [19–24]; Transcript, Robin Orr, Hearing Block 10, 18 July 2023, pp 69-6696 [41]–69-6697 [11]; Transcript, Phil Parker, Hearing Block 1, 2 December 2021, p 4-412 [12–22].

51 Transcript, David Ready, Hearing Block 7, 20 October 2022, p 50-4917 [3–10]; Name withheld, Submission, ANON-Z1E7-QQNM-4, p [2]; Ryan Tiralongo, Submission, ANON-Z1E7-Q865-U, p [2]; Hayden Jenzen, Submission, ANON-Z1E7-QZTQ-Q, pp [3–4]; Transcript, Kahlil Fegan, Hearing Block 5, 20 June 2022, p 32-3030 [39–46]; Exhibit F.05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0003 [Table 2.1], 0005 [Table 2.2]–0007 [Table 2.3].

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62 Brendan Stent, Submission, ANON-Z1E7-QZ95-Z, p [2] of supplementary material.

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66 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0324 [2.21].

67 Exhibit L-01.116, Department of Defence, Response to Notice to Produce, NTP-DEF-196-01, The Application of the Medical Employment Classification System and PULHEMS Employment Standards in the Australian Army, DEF.1196.0002.0492; Exhibit S-01.060, Department of Defence, Response to Notice to Produce, NTP-DEF-413, Defence Health Manual, DEF.1413.0001.0093 at 0093; Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0324 [2.21].

68 Exhibit S-01.060, Department of Defence, Response to Notice to Produce, NTP-DEF-413, Defence Health Manual, DEF.1413.0001.0093 at 0093.

69 Exhibit 39-02.049, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-GMO-001, Military employment classification System, GMO.1001.0002.0390 at 0392 [2.14]; Transcript, Darrell Duncan, Hearing Block 5, 29 June 2022, p 39-3804 [1–6].

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80 Transcript, Scott Forster, Hearing Block 5, 29 June 2022, p 39-3805 [16–20, 25–26]; Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3805 [31, 35]; Transcript, Darrell Duncan, Hearing Block 5, 29 June 2022, p 39-3805 [42–46].

81 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0326 [2.35–2.36].

82 Exhibit 39-02.002, Hearing Block 5, Kim Mills, Witness Statement, DEF.9999.0014.0099 at 0105 [31].

83 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0325–0326.

84 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0151.

85 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0150.

86 Exhibit 39-02.049, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-GMO-001, Military Employment Classification System, GMO.1001.0002.0390 at 0398 [2.44].

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88 Transcript, Darrell Duncan, Hearing Block 5, 29 June 2022, p 39-3804 [18–25].

89 Exhibit 39-02.006, Hearing Block 5, Darrell Duncan, Witness Statement, DEF.9999.0015.0080 at 0084 [20].

90 Exhibit 39-02.016, Hearing Block 5, Darrell Duncan, Witness Statement, DEF.9999.0018.0032 at 0085 [21].

91 Exhibit 39-02.009, Hearing Block 5, Samantha Juckel, Witness Statement, DEF.9999.0018.0001 at 0007 [39–40]; Exhibit CC-01.010, Department of Defence, Response to Notice to Produce, NTP-DEF-415, Defence Health Manual, DEF.1415.0001.0001 at 0012–0015.

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93 Transcript, Darrell Duncan, Hearing Block 5, 29 June 2022, p 39-3820 [42–44].

94 Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3821 [38–42]; Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3821 [46–47], 39-3822 [3–5].

95 Catherine Stamp, Submission, ANON-Z1E7-QZVP-R; Name withheld, Submission, ANON-Z1E7-QZVM-N; Name withheld, Submission, ANON-Z1E7-QZVX-Z; Name withheld, Submission, ANON-Z1E7-QZVX-Z; Name withheld, Submission, ANON-Z1E7-QZ1E-8; Damien de Pyle, Submission, ANON-Z1E7-QQ3W-K.

96 Name withheld, Submission, ANON-Z1E7-QQF8-7, p [2].

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98 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0911–0912 [2.6].

99 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0365 [5.29].

100 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0326 [2.33].

101 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0915 [2.20].

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105 PFLR-20 (MEC and involuntary medical separation, Commonwealth response), PFL.0007.0002.0393 at 0419.

106 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0364 [5.21].

107 Exhibit 55-01.029, Hearing Block 8, Department of Defence, Response to Notice to Produce, NTP-DEF-088, Good Administrative Decision-Making Manual, DEF.1088.0002.0006 at 0008; Exhibit 101-03.075, Hearing Block 12, Department of Defence, Decision-Makers Handbook for Personnel Related Decisions, STU.0004.0001.0766.

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112 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0362 [5.13].

113 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0364 [5.15].

114 Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3828 [19–44].

115 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0363 [5.19]; Transcript, Robert Worswick, Hearing Block 8, 30 November 2022, p 57-5644 [19–21].

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117 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0362 [5.16]–0363 [5.18].

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119 Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3829 [34–44].

120 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0363 [5.20]; Transcript, Scott Foster, Hearing Block 5, 29 June 2022, pp 39-3829 [46]–39-3830 [1].

121 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0363 [5.20]; Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3831 [11–13].

122 Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3831 [11–13], 39-3833 [40–47]; Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3833 [15–25].

123 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0362 [5.16(b)]; Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3839 [10–11]; Transcript, Darrell Duncan, Hearing Block 5, 29 June 2022, p 39-3839 [41–43].

124 Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3831 [4–9].

125 Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3831 [8–12].

126 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0362 [5.16].

- 127 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0362 [5.16]; Exhibit 78-02.001, Hearing Block 11, Department of Defence, Response to Notice to Give, NTG-DEF-016, DEF.9999.0103.0123 at 0157 [90(b)].
- 128 Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3831 [2–3].
- 129 Exhibit 39-02.042, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-GMO-001, Member's Health Statement, GMO.1001.0002.0052.
- 130 Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3834 [14–18].
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- 132 Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3834 [20–45].
- 133 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0364 [5.21].
- 134 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0363 [5.21].
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- 136 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0364 [5.23].
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- 141 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0364 [5.22], 0914 [2.33].
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- 144 Transcript, Scott Foster, Hearing Block 5, 29 June 2022, p 39-3836 [37].
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324 Exhibit 39-02.006, Hearing Block 5, Darrell Duncan, Witness Statement, DEF.9999.0015.0080 at 0086 [27].

325 Transcript, Scott Forster, Hearing Block 5, 29 June 2022, p 39-3817 [29–35].

326 Exhibit 39-02.009, Hearing Block 5, Samantha Juckel, Witness Statement, DEF.9999.0018.0001 at 0008 [41].

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328 Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3808 [24–28].

329 Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3808 [34–39].

330 Transcript, Christopher Gilmore, Hearing Block 9, 18 May 2023, p 61-5992 [13–17].

331 Transcript, Nicole Walker, Hearing Block 9, 18 May 2023, p 61-6006 [27–31].

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335 Exhibit L-01.080, Department of Defence, Response to Notice to Give, NTG-DEF-199, DEF.9999.0132.0068 at 0126 [Table 1.30].

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338 Exhibit F-01.009, Department of Defence, Response to Notice to Give, NTG-DEF-178, DEF.9999.0133.0001 at 0012 [49].

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341 Transcript, James Kerin, Hearing Block 11, 28 August 2023, p 76-7372 [27–28, 32–35, 39–41]; Transcript, Gary Wight, Hearing Block 11, 28 August 2023, p 76-7412 [4–11].

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343 Exhibit 40-05.010, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344\_R at 0492 [570].

344 Exhibit 40-05.010, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344\_R at 0492 [571].

345 Exhibit 40-05.010, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344\_R at 0492 [573].

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353 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0346 [9].



354 Transcript, Samantha Juckel, Hearing Block 5, 29 June 2022, p 39-3813 [11–17].

355 Exhibit 39-02.006, Hearing Block 5, Darrell Duncan, Witness Statement, DEF.9999.0015.0080 at 0086 [24–26]; Transcript, Darrell Duncan, Hearing Block 5, 29 June 2022, p 39-3823 [9–27].

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365 Exhibit F-05.001, Department of Defence, Response to Notice to Give, NTG-DEF-185, DEF.9999.0121.0001 at 0051 [Table 18.2].

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367 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0346–0347 [14].

368 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0347 [15].

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370 Exhibit 86-01.012, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-255, DEF.9999.0164.0001 at 0025 [82].

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378 Exhibit 49-02.001, Hearing Block 7, Department of Defence, Response to Notice to Produce, NTP-DEF-061-02, R2T2 Initiatives: Attachment B to R2T2 Final Report 9 September 2022, DEF.1061.0003.0003 at 0014.

379 Exhibit 49-02.001, Hearing Block 7, Department of Defence, Response to Notice to Produce, NTP-DEF-061-02, R2T2 Initiatives: Attachment B to R2T2 Final Report 9 September 2022, DEF.1061.0003.0003 at 0014.

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381 Exhibit 49-02.001, Hearing Block 7, Department of Defence, Response to Notice to Produce, NTP-DEF-061-02, R2T2 Initiatives: Attachment B to R2T2 Final Report 9 September 2022, DEF.1061.0003.0003 at 0015.

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383 Productivity Commission, *A Better Way to Support Veterans*, No. 93, June 2019, vol 2, p 495 [Box 11.8] (Exhibit 01-01.11, Hearing Block 1, INQ.0000.0001.2780).

384 Exhibit L-01.120, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-01, Defence People Committee 23 March 2023 DPC2023/012 Bi-annual Enterprise Workforce Report, DEF.1233.0001.0103 at 0106.

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386 Exhibit 40-05.010, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344\_R at 0492 [571].

- 387 Exhibit 101-03.002, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-344, Enterprise Business Committee 23 November 2023: EBC 2023/2972 *Interim Workforce Plan – Status Report*, DEF.1344.0001.0054 at 0054.
- 388 Exhibit 101-03.002, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-344, Enterprise Business Committee 23 November 2023: EBC 2023/2972 *Interim Workforce Plan – Status Report*, DEF.1344.0001.0054 at 0056.
- 389 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0217 [5.1].
- 390 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0217 [5.1].
- 391 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0219 [Table 5.1].
- 392 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0217 [5.1].
- 393 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0227 [5.22].
- 394 Transcript, Karen Ashworth, Hearing Block 10, 17 July 2023, p 68-6573 [34–39].
- 395 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0228 [5.22].
- 396 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0222 [Table 5-1].
- 397 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0226 [5.18].
- 398 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0226 [5.1].
- 399 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0226 [5.19].
- 400 Exhibit L-01.018, Department of Defence, Response to Notice to Produce, NTP-DEF-233A-02, Military Personnel Policy Manual, DEF.1233.0003.0130 at 0219–0221 [Table 5-1].
- 401 Exhibit 96-01.012, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-255, DEF.9999.0164.0001 at 0026.
- 402 Productivity Commission, *A Better Way to Support Veterans*, Inquiry Report No. 93, Vol 1, p 105 (Exhibit 01-01.10, Hearing Block 1, INQ.0000.0001.2299).
- 403 Exhibit 33-03.026, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF-044, 3rd Brigade Leadership Team 2022: Guide to retention and transition, FEG.1001.0001.0188 at 0190 [3(c)].
- 404 Exhibit 33-03.026, Hearing Block 5, Department of Defence, Response to Notice to Produce, NTP-DEF 044, 3rd Brigade Leadership Team 2022: Guide to retention and transition, FEG.1001.0001.0188 at 0190 [3(c)] (emphasis in original).



# Public report of in-depth inquiry

1. The Key Witness served in the Navy some years ago. The Key Witness provided a written statement of evidence to the Royal Commission and related documentation about experiences in service including bullying that they said had contributed to them becoming suicidal during their service. They said that this led to them being medically discharged before receiving adequate treatment, and that for some years afterwards they had been suicidal.
2. Six aspects of the Key Witness's account were identified in draft proposed adverse findings provided by Solicitors and Counsel Assisting to Defence and the Navy in September 2022. Three of these proposed key findings concerned the Navy's handling of allegations of bullying. The Royal Commission was not asked to draw any conclusions that any of the alleged bullying, or any other misconduct by any individuals, occurred. The Royal Commission makes no such findings. The focus of the Royal Commission's inquiry was and remains on the Navy's handling of the matters raised by the Key Witness, and how this affected the Key Witness.
3. The Royal Commission invited Defence and the Navy to identify any witnesses it wished the Royal Commission to hear from on the six matters. Solicitors and Counsel Assisting made it clear that they would not invite any adverse findings about individuals. Defence nominated six witnesses, none of whom had any personal involvement in or knowledge of the events surrounding the Key Witness. In the proposed conclusions that follow, no adverse findings about any of the individuals involved in these events is proposed.
4. Solicitors and Counsel Assisting submit that none of the individuals concerned should be identified. For that reason, the discussion of the evidence that follows, including all proposed findings and conclusions, are anonymised, and the text conveys only sufficient information about the matter to describe potential systemic risk factors relevant to the Key Witness and suicidality.

## **(1) – The Navy's management of suicide prevention measures for the Key Witness was affected by a conflict of interest, potentially exacerbating their suicidality**

5. The Key Witness served on a ship with an officer who had a significant role and responsibilities (the Officer). The Key Witness reported to Defence clinical personnel that they had become suicidal after being bullied for an extended period by the Officer. Almost immediately after this, discussions between Defence clinical personnel and officers both in and above the ship's chain of command took place during which information about the Key Witness's suicidality was disclosed, and some days later a meeting was held about managing risks to the Key Witness. The discussions and the meeting included the Officer.

6. There was no evidence that the Officer knew they were the subject of a complaint by the Key Witness at the time and no such finding was invited. However, even without the Officer having any such knowledge, the inclusion of the Officer in the discussions and meeting created a conflict of interest that the Navy's administrative, command and clinical care processes should have prevented.
7. The Key Witness was not asked to consent to disclosure of information to the Officer in advance, and nor was the Key Witness told that the information had been disclosed to the Officer once it had happened. At the very least, the Navy's processes should have resulted in transparency to the Key Witness that the Officer had participated, but this did not occur.
8. A few months later the Key Witness discovered, by obtaining access to and reading their medical records, that the information about their suicidality had been disclosed to the Officer. The Key Witness told the Royal Commission that this had a severe impact on their mental health and wellbeing, and on their trust in the Navy's handling of the matter.
9. The Royal Commission accepts the Key Witness's evidence about the adverse impact on them of these matters.

## **(2) – The Navy's response to the Key Witness's allegations of unacceptable behaviour involved unfairness, in particular, an inappropriate focus on their mental health, potentially exacerbating their suicidality**

10. The Key Witness repeated their account of being bullied by the Officer to an officer who had a role relating to the promotion of equity and diversity, with the result that official inquiry processes were set in train.
11. The inquiry involved interviews of the Key Witness and others, but not including any clinical personnel or exercise of power to access medical records. Some of the persons interviewed were asked about the Key Witness's suicidality and mental health, and their coping mechanisms or resilience. The Key Witness's interview did not include any questions raising their suicidality, mental health or resilience. However, prior to finalisation of the inquiry report, the Key Witness received notification of proposed adverse findings and recommendations questioning their coping mechanisms and resilience, and foreshadowing a recommendation that a copy of the inquiry report be put before the Medical Employment Classification Review Board (now called Military Employment Classification Review Board) (MECRB) so it could consider the findings in the report in deciding whether and if so when the Key Witness could resume a seagoing posting. The Key Witness responded by questioning whether this was within the terms of reference of the inquiry and pointing out that their current MEC status did not require review by a MECRB, but received no reply.

12. Ultimately the inquiry report included a passage on whether the Key Witness was a 'reasonable person' and conclusions that the Key Witness's perspective about the conduct of the Officer was not that of a 'reasonable person'. Relying on these matters in relation to some incidents, the report included conclusions that no bullying had occurred. The report included a recommendation that the report be given to the senior medical officer undertaking the review of the Key Witness's MEC status and any MECRB.
13. The Key Witness told the Royal Commission that these aspects of the inquiry and its report made them feel violated in their trust of others and undermined.
14. The Royal Commission accepts the Key Witness's evidence and finds that these matters contributed to the risk of exacerbating their suicidality.

### **(3) – The Navy's partial withholding and redaction of the inquiry report and its attachments did not adequately engage with the Key Witness or give the appearance of impartiality, potentially exacerbating their risk of suicidality**

15. The inquiry finalised its report, which included the passage concluding that the Key Witness was not a reasonable person and a recommendation that the report be provided to the senior medical officer and any MECRB, together with various other recommendations.
16. The Navy approved a limited form of disclosure of the report (in redacted form, and without its annexures such as the witness statements obtained in the inquiry) to the Key Witness. The Key Witness was receiving mental health care as an inpatient at the time, and a member of the Personnel Support Unit read parts of the redacted report to the Key Witness, and kept it for them to pick up when well enough to read it. Keeping possession of the report from the Key Witness at the time was appropriate and trauma-informed. In addition, it would have been appropriate and trauma-informed for the Key Witness to be in the company of their treating psychologist when the extracts of the report were read to them, but this did not occur.
17. The Key Witness told the Royal Commission that exposure to the redacted report made them more suicidal. Many months later the Key Witness took possession of the redacted report from the Personnel Support Unit. The Key Witness told the Royal Commission that reading the report in redacted form gave them the impression that they were blamed for what they went through and that there was no accountability for the Officer.
18. The Royal Commission accepts this evidence from the Key Witness of the impact on them of reading the redacted report.

19. The Royal Commission was told by a Defence witness that there was 'probably legal scope to release' the redacted sections of the report to the Key Witness, and the Defence witness acknowledged that this would have been helpful to the Key Witness. The Defence witness hoped that under current policy the sections would have been released, but also said there had not been any 'dramatic change' in law or policy since the relevant events. If the redacted sections had been shown to the Key Witness, they would have revealed that the inquiry had in fact recommended certain measures for the Officer to improve their conduct.

**(6) – The Navy's medical discharge of the Key Witness was unfair, interrupted their recovery, and was conveyed inappropriately, potentially exacerbating their risk of suicidality**

20. As mentioned above, the inquiry report included a recommendation that the report be provided to the senior medical officer and any MECRB, together with various other recommendations. A relevant officer of the Navy decided to implement all the recommendations in the report, and this decision was formally minuted. The report was provided to a senior medical officer, who was a Senior Medical Adviser. Some months later, there was a process before the MECRB of reviewing the Key Witness's MEC status. There was no evidence the inquiry report was actually provided to the MECRB but the Senior Medical Adviser was a member of it.
21. At the time of the review, the Key Witness's treating mental health clinicians recommended a twelve-month period of treatment for newly diagnosed conditions, which were depression and Post-Traumatic Stress Disorder (PTSD). The Key Witness had previously been diagnosed with and treated for an adjustment disorder with anxiety features, but not depression and PTSD. The Key Witness's treating Navy doctor recommended a form of MEC (MEC J31) that would facilitate the Key Witness continuing to serve as a defence member for the twelve-month period of treatment. The Senior Medical Adviser, who had never examined or met with the Key Witness, disagreed with this recommendation and recommended to the MECRB that the Key Witness be medically discharged (MEC J51). The MECRB then decided that the Key Witness should be medically discharged (MEC J52) and this occurred some months later.
22. The Key Witness was notified of the MECRB's decision while receiving mental health care as an inpatient and was required at that time to sign a termination notice. The Key Witness told the Royal Commission that they had been feeling 'a little better' and 'less suicidal' before being notified about the MECRB's decision. The Navy officer notifying the Key Witness did so in this manner having sought and received the approval of a psychiatrist at the clinic where the Key Witness was being treated.

23. However, on receiving the news, the Key Witness said in oral testimony, 'Now I've got another thing to fight, another blow to go through'. The Key Witness was due to be discharged from hospital the day after receiving the MECRB decision, however was required to stay longer due to the impact of receiving such news. The Key Witness gave evidence that the '[MECRB] decision made it even harder for me to continue as they took away my drive and purpose to live'.
24. The Key Witness's request for reconsideration of the MECRB determination was unsuccessful, but approval was granted to them by the Director of Defence Clinical Services for Defence to meet the financial obligations associated with the completion of their course of treatment.
25. The Royal Commission accepts this evidence but, in the absence of other evidence as to how this task of notifying the Key Witness could have been performed better we shall limit our finding on these facts to the conclusion that the Key Witness's discharge was unfair because of the recommendation that the inquiry report be provided to the Senior Medical Adviser and any MECRB and the likely effect of that recommendation on the Key Witness and that the Key Witness's discharge in the circumstances was likely to have interrupted the Key Witness's recovery, potentially exacerbating the Key Witness's risk of suicidality.

## **(1), (2), (3) and (6) – Impact on Key Witness**

26. Counsel Assisting have submitted that each of the matters outlined in the proposed findings above risked exacerbating the Key Witness's suicidality. In particular:
  - (a) The Royal Commission should be satisfied that the manner in which information about the Key Witness's suicidality was disclosed to the Officer without disclosure to the Key Witness had a severe impact on the Key Witness when they discovered this had occurred. The Royal Commission should further find that if the Key Witness's consent had been sought in advance, and the information had not been disclosed to the Officer, this would likely have been avoided. At least, if there had been candid disclosure to the Key Witness soon after the event, the impact on them would probably have been lessened.
  - (b) The Royal Commission should also be satisfied that the aspects of the administrative inquiry that involved asking witnesses (none of whom was a clinician) about the Key Witness's suicidality and mental health, and that called the Key Witness's reasonableness and resilience into question, carried the risk of exacerbating their suicidality once these matters were eventually disclosed to them.
  - (c) In the above circumstances, the fact that aspects of the report were redacted when the report was provided to the Key Witness and the omission of its annexures (including the witness statements it drew on), further undermined their trust and confidence in the Navy's handling of their complaints of bullying and reaction to their suicidality. This also, in the above context, carried the risk of exacerbating their suicidality.
  - (d) Similar conclusions apply to the effects of the recommendation that the inquiry report be provided to the senior medical officer and any MECRB.

27. Defence has contended that the Royal Commission is limited when it comes to drawing conclusions that have an implied clinical component without a supporting report from an expert such as an examining psychiatrist.
28. Defence's contention understates the scope of the Royal Commission's ability to inform itself and reach conclusions on matters relevant to its terms of reference.
29. From the perspective of the Key Witness, there were multiple circumstances contributing to an overall impression that the Navy was unwilling to believe or support them, and wished to discharge them from service. First, information about their suicidality that they reasonably regarded as medical-in-confidence was disclosed without their consent or knowledge to the person they had reported as bullying them. Next, an inquiry into their complaints of bullying obtained information from lay witnesses expressing opinions about their suicidality and mental state, led to rejection of their complaints for reasons that included their reasonableness, questioned their resilience, and recommended that the report (containing these matters) be placed before the MECRB and its senior medical officer/adviser. When the MECRB next reviewed their employment status, it decided (against the recommendations of their treating mental health clinicians and Navy doctor) to re-classify them for medical discharge. This outcome was consistent with the recommendation of the Senior Medical Adviser who had been sent the inquiry report as a result of the inquiry report recommendation.
30. The Royal Commission has an ample factual foundation from which to be satisfied that these matters had an adverse impact on the Key Witness, including their own direct evidence, and contemporaneous records (including some clinical records) of their distress at the times in question.
31. The Royal Commission is satisfied that these matters both separately, and in combination, contributed to a risk of exacerbating the Key Witness's suicidality. As the focus of the Royal Commission's terms of reference is on identifying systemic issues and risk factors, it is not necessary for the Royal Commission to form a view as to whether these matters did in fact contribute to the Key Witness's suicidality, only that they had the potential to do so. This is a matter that can be assessed without expert psychiatric evidence, by reference to the general knowledge and experience of the Commissioners, and to the direct evidence of the Key Witness and the contemporaneous health records detailing the impact.
32. Further, the Royal Commission is entitled to form a view about how best to inform itself in a manner that minimises the risk of re-traumatisation of a witness. The Royal Commission concludes that examination by a further psychiatrist about the impacts of the experiences the Key Witness related to the Royal Commission would have involved adding to the risk of re-traumatisation of the Key Witness.



#### **(4) – Defence failed to provide properly coordinated and continuous health care for the Key Witness in two respects, potentially raising the risk of long-term adverse health and wellbeing effects**

33. The Key Witness was reposted from one location to a far distant location at a time when they were scheduled to be recovering from major surgery. The personnel of the Navy responsible for decisions about postings did not know of the surgery because of limitations in the information system they used. The Key Witness gave evidence that having to move home whilst still recovering from the surgery adversely impacted their health and wellbeing. The Royal Commission accepts this evidence.
34. The Commonwealth submitted that the Key Witness should have sought to have either their surgery delayed or their posting delayed. This submission suggests that there is an onus on recently recruited defence members to question their orders or compromise their health care. Likewise, the Commonwealth submitted that at most, all that was required was encouragement for defence members to raise concerns about postings. In such a regimented and hierarchical organisation as the ADF underpinned by command and control, it seems unrealistic and risky to rely on the member exercising initiative, especially if they are a recent recruit. The more appropriate approach would be to have better connected systems so that personnel responsible for postings know of significant matters such as major surgeries. This can be done without disclosing the nature of the medical condition.
35. The Key Witness after having become suicidal as described in Key Finding (1) sought to have their preferred private mental health clinician approved by Defence for funding. Defence took four months to accredit the clinician. This delay impacted the timely delivery of psychotherapy to aid the Key Witness' recovery and caused them distress.
36. The Royal Commission concludes that Defence's failure to provide properly coordinated and continuous healthcare for the Key Witness in these two respects potentially raised the risk of long-term adverse health and wellbeing effects for the Key Witness.

#### **(5) – Continued posting at location contrary to mental health clinicians' advice**

37. While posted to a Personnel Support Unit over some months, the Key Witness experienced re-traumatisation about the bullying by the Officer triggered by the location to which they were posted. The location was associated with the ship on which the Key Witness had served with the Officer.
38. A suicide risk evaluation by a mental health clinician and clinical notes by the treating Navy doctor indicated that the location was a trigger and the treating Navy doctor suggested a different posting. However, the Navy continued to require them to attend that location from time to time for the duration of their service in the Navy which lasted for more than a year.

39. The Key Witness told the Royal Commission that having to attend the same location for this period exacerbated their suicidality. The Royal Commission concludes that Defence's failure to implement the suggestion of the treating Navy doctor potentially exacerbated their risk of suicidality.

## Lessons drawn from in-depth inquiry

40. What lessons can be learned from the Key Witness's experiences, as examined in this in-depth inquiry?
41. Findings (1), (2), (3) and (6) in the in-depth inquiry, outlined above, provide insights about how the Navy might better handle instances of suicidality related to allegations of shipboard misconduct against officers in the future, and of the need to keep MECRB processes separate from administrative inquiries into unacceptable behaviour. Any conflation of clinical information about a complainant's suicidality and inquiry processes raises the risk of engendering perceptions in the complainant that they were in some way to be blamed, and in this sense the process was unfairly loaded or predetermined against them. It could also mean that any conflation of an inquiry's rejection of their complaint and subsequent MECRB processes raises the risk of engendering perceptions that the process was meant to lead to their discharge from service. In both ways there is a clear risk of harm to the mental health and wellbeing of the complainant.
42. Solicitors and Counsel Assisting make no suggestion that these processes followed by the Navy were actually predetermined against the Key Witness, or were intended to have an adverse impact on the Key Witness. However, the way events unfolded raises questions about how the Navy could have adopted processes that would have precluded (or at least mitigated against) such an impression being formed, and such an impact. It may be, for example, that a formal inquiry was not an appropriate mechanism to be employed in circumstances where a complainant of bullying had become suicidal. And if such an inquiry were to be pursued, it should be assiduous to avoid creating any impression that it was inquiring into and relying on judgements about the complainant's mental health or resilience, or that the Key Witness was somehow at fault or to blame for the alleged bullying.
43. Findings (4) and (5) in the in-depth-inquiry, as outlined above, provide insights into the importance of well coordinated and continuous health care whilst serving, and the need to ensure that administrative processes do not interrupt any treatment a defence member may need or be undergoing at the time, and are adapted to clinical advice.
44. As to key finding (4), the information system used for decision-making about postings of members should take into account planned events which carry inherent significant risks to health and wellbeing such as planned surgery. If the Navy personnel responsible for posting the Key Witness to a different location had known that they were to have major surgery a few weeks before, then it might have been possible for arrangements to have been made to ensure their full recovery from surgery before undertaking the rigours of moving home to another location.

45. As to key finding (5), when considering the posting location of a person who is experiencing suicidality, the Navy should give great weight to recommendations of treating clinicians as to potential triggering locations and environments. Further, a better understanding of working in a trauma-informed manner is required by Defence.
46. We advise as follows:
- (a) Strict controls should be observed about who (outside of treating clinicians) is told of a member's suicidality, and care must be taken to ensure that no person against whom the member alleges unacceptable behaviour is involved in discussions about managing the risks presented by a member's suicidality. Advance notice to the member of the identities of the people whom medical staff intend to inform is required to ensure this does not arise.
  - (b) Non-adversarial options may have to be adopted for complainants of unacceptable behaviour to seek redress where there is a risk to their own wellbeing presented by official inquiry processes.
  - (c) If an inquiry into the complaint takes place, a clear line of demarcation should be kept between information privy to a complainant's treating medical team and any form of inquiry. If any information is to be sought from medical records or medical staff, this should be done on notice to the member, and where appropriate the consent of the member.
  - (d) Inquiries into complaints should not involve questioning of lay witnesses on the suicidality and mental health, coping mechanisms or resilience, of complainants, and there should be no reliance on such matters in reaching conclusions about whether or not unacceptable behaviour alleged by a complainant occurred or anyone advising such a MECRB.
  - (e) A report of an inquiry into unacceptable behaviour should not be provided to MECRBs considering the employability or deployability of the complainant.
  - (f) In cases where a member has become suicidal and alleges that unacceptable behaviour has contributed, the Navy should have and keep in mind at all stages the perspective the member will form of the administrative processes to which they are subjected, and the need to carry those processes out in ways that minimise adverse impacts to the member's wellbeing and avoid re-traumatisation. This may require discarding ordinary processes and adopting alternatives in consultation with the members and any other members involved, including trauma-informed alternatives.

47. The Key Witness made submissions about the need for change in the Australian Defence Force which should be given great weight by Defence:
- (a) The entirety of the Key Witness's experience after reporting their suicidality to medical personnel was so negative that, to the extent that others in Defence might have become aware of it, it would serve as a deterrent against others seeking help for mental health issues and suicidality.
  - (b) A witness for the Navy stated that the ADF is using a more trauma-informed approach in recent times, but it is clear that relevant policy documents have not been updated to reflect this.
  - (c) The Fourth National Mental Health Plan (2009–2014) and National Framework for Recovery-Oriented Mental Health Services (2013) contain useful guidance that could have been applied to the Key Witness's case, including the imperative of adopting processes that avoid re-traumatising the person who is experiencing suicidality and are person-centred.



**Mr Nick Kaldas APM**  
Chair



**The Hon James Douglas KC**  
Commissioner



**Dr Peggy Brown AO**  
Commissioner

## 6 Retention issues and voluntary separation

### Summary

Recruiting, training and retaining a workforce that is large enough to meet operational requirements is an ongoing challenge for the Australian Defence Force (ADF). As recently as November 2023, we heard that the ADF is operating at 6.8% below its average funded strength, with a separation rate of around 10%.

An enormous investment goes into training deployable members, so strategies to meet workforce shortfalls must focus as much on keeping trained, skilled, experienced members as on meeting recruitment targets.

The ADF is experiencing a crisis of recruitment and retention, and an associated ‘hollowing out’ of the ADF workforce. This has flow-on effects with workforce shortages forcing senior ADF officers to make operational decisions that adversely affect member wellbeing and mental health.

This chapter explores service obligations and financial incentives as mechanisms for retention, and the dynamics and drivers of voluntary separation – that is, why members choose to leave ADF service.

A 2022 report written by the Defence Recruitment and Retention Tiger Team found that ‘unfulfilled expectations, burn out and a feeling of being under-valued ... are the most dominant reason[s] for personnel separating from the ADF’.<sup>1</sup> To address this, a mindset shift is needed.

The ADF needs to better understand why its members are leaving so it can develop policies that directly address these issues. There is currently not enough data about when and why members voluntarily separate, resulting in a lack of retention strategies beyond financial incentives. Bonuses attached to service obligations are of questionable value and salary increases tend to improve retention of some cohorts (but not women, for example).

To enable the ADF to fulfil its obligations for operational readiness, we recommend that Defence obtain a meaningful understanding of its workforce. It should collect more uniform data, and analyse retention issues and the effectiveness of retention initiatives across all services. It can then use this data to develop retention initiatives that are directed at maintaining member wellbeing and addressing the key reasons for separations.

## 6.1 Introduction

1. In this chapter, we focus on members who leave the ADF voluntarily rather than involuntarily for medical, disciplinary or other reasons. We look at the measures Defence has taken to deter serving members from voluntarily separating from the ADF, as well as the drivers of voluntary separation and their effects on the mental health of members.
2. We discuss medical discharge in Chapter 5, The military employment classification system and medical separation, and involuntary separation for the reason 'retention-not-in-service-interest' in Chapter 10, The ADF military justice system.
3. Many members who leave the ADF go on to enjoy successful civilian lives. But as we established in Chapter 1, Understanding suicide, some modes of separation are associated with a higher incidence of suicide and suicidality. For example, higher rates of suicide are associated with males who separate during initial training in Army combat and security roles.<sup>2</sup> Females who served in the permanent forces and separated voluntarily for the reason 'resignation' have 97% higher suicide rate than Australian females.<sup>3</sup> Despite this, we have found the ADF does little to collect and analyse information on members' reasons for voluntary separation.<sup>4</sup>
4. In this chapter, we consider why Defence has done so little analysis of reasons for separation. This is at odds with the ADF's explicit recognition of its retention challenges and their impacts on capability. We recommend that Defence improve its understanding of the issues driving separation to develop effective retention initiatives.
5. We look at the measures the ADF has used to retain serving members. While Defence has often prioritised financial incentives to improve retention – some of which have been effective – we argue that these do not address the primary reasons behind voluntary separation from the ADF.
6. We have found the primary reasons for voluntary separation are a stressed workforce who are challenged by workforce shortages, a sustained high tempo of work and a complex workforce system that lacks the resources, agility and flexibility to keep pace with a more dynamic and competitive labour market. Other common reasons for voluntary separation include work–life balance, job satisfaction and time spent away from family due to work.
7. We also consider the impacts of service obligations, such as the 'return-of-service obligation' (ROSO) and the 'initial minimum period of service', on the mental health of serving members. These have historically been used as retention measures and a way of achieving return on investment against the high costs of training personnel, although we heard that members can sometimes feel trapped by their obligations.
8. We examine the consequences of the current 'hollowing out' of the workforce for member wellbeing and ADF capability. These two considerations must work together for the ADF to be at full functional capacity. If members are not in good mental and physical health, the overall capability of the ADF will be impaired. Defence capability and investment in member wellbeing are not mutually exclusive, rather they are inextricable.



9. Finally, we emphasise the need to simplify and streamline policies for encouraging retention and recruitment, and ensure they focus on the needs of members and their families.

## 6.2 The ADF is short of members

10. The 2023 *Defence Strategic Review* recognised that Defence is ‘facing significant workforce challenges’ and concluded that ‘the ADF as currently constituted and equipped is not fully fit for purpose’.<sup>5</sup> The Defence strategic workforce report assessed retention and succession planning as being ‘off track and high risk’.<sup>6</sup>
11. When members separate from the ADF, for any reason, it puts pressure on recruitment. Defence told us that a 1% increase in separation can require up to a 5% increase in recruitment to compensate.<sup>7</sup> Defence has said that:

retaining high-quality experienced staff is as important as attracting new talent. This is particularly the case where workforce pressures such as skill shortages and high growth co-exist. While some workforce turnover is beneficial to aid organisational renewal, managing workforce turnover is essential in order to contain costs around recruitment, training and security clearances. Failure to retain the right people, and to plan for change and succession, is likely to lead to workforce gaps and have an adverse impact on capability.<sup>8</sup>

12. The ADF is currently facing high separation rates, although they are stabilising. The ADF’s 12-month rolling separation rate, which includes voluntary and involuntary separation, was 10.7% as at 1 September 2023. This was a decrease from 11.0% the previous month and 11.5% at 1 September 2022.<sup>9</sup> To take a closer look across the three services:
  - The Navy separation rate was 8.7%, a decrease of 1.4% from 12 months prior.
  - The Army separation rate was 12.5%, a decrease of 1.0% from 12 months prior.
  - The Air Force separation rate was 9.3%, an increase of 0.3% from 12 months prior.<sup>10</sup>
13. In terms of ADF headcount, as at 1 September 2023 there were 57,234 serving members, 768 less than at September 2022.<sup>11</sup> The permanent ADF workforce is now similar in size to what it was in early 2015.<sup>12</sup> The workforce across the services, particularly the Navy and Army, is also declining.
  - The Navy headcount is 14,754, a reduction of 158 from 12 months prior.
  - The Army headcount is 27,592, a reduction of 602 from 12 months prior.
  - The Air Force headcount is 14,888, a reduction of 8 from 12 months prior.<sup>13</sup>
14. Defence has identified the retention of members in the ‘middle ranks’ as being of particular concern as they play vital roles in recruitment, training and leadership.<sup>14</sup>

15. When members separate from the ADF, they take with them the skills and experience they have developed during their service. This results in a loss of capability and poses a significant risk to the ADF's preparedness and ability to deliver the agenda identified in the *Defence Strategic Review*.<sup>15</sup>

16. Defence defines preparedness in 'workforce terms' as:

the sustainable capacity to deliver a prepared Joint Force-In-Being to accomplish Australian Government directed tasks. In addition to providing for contingencies and responses, workforce preparedness contributes to all aspects of Defence strategy. A ready and capable force provides strategic deterrence, while the process of generating ready forces provides opportunities to shape and engage our immediate region.<sup>16</sup>

17. The word 'sustainable' is key. The 2000 *Defence White Paper* also addressed the connection between member retention and member health, wellbeing and safety:

A key element of retention must be an increased focus on the health, safety and well-being of ADF personnel. This will also maximise their contribution, and hence ADF capability. The cost of work-related injury and disease, both in human and financial terms, is substantial and increasing; military compensation costs have more than doubled over the last five years. As we strive to maintain a high state of readiness, introduce complex new technologies and rely more on contractors and industry, Defence needs to redouble its efforts to meet its duty of care.<sup>17</sup>

18. It has been over 24 years since that *Defence White Paper*, yet the same need for an increased focus on the health, safety and wellbeing of ADF members remains.

## 6.3 What happens when the workforce is insufficient?

19. In conjunction with low levels of recruitment, high separation rates have resulted in insufficient staffing levels across the services, particularly among the middle ranks.<sup>18</sup> In any organisation where the workforce is insufficient, pressure is placed on existing staff to work longer hours or produce more work to compensate. This is also true in the ADF.

### 6.3.1 Increased workloads and potential for burnout

20. In a statement, Associate Secretary of the Department of Defence, Mr Matt Yannopoulos PSM, wrote:

The hollowness [of the ADF workforce] is made up of the approximate 10 per cent vacancy rate and 15 per cent medically unavailable. As at November 2023, the organisation is 4259 (6.8 per cent) below AFS (average funded strength) guidance. The tempo, or rate of effort, required of Defence in the past few years has caused increased pressure on these lean and hollow structures to deliver required capability.<sup>19</sup>

21. This can result in chronic exhaustion and burnout for the existing workforce, which may be risk factors for suicidality,<sup>20</sup> or contribute to suicidality if certain environmental and personality factors are also present.<sup>21</sup>

22. During our inquiry, we heard from several experts on burnout, including Professor Gordon Parker AO, a psychiatrist and founder of the Black Dog Institute. He defines burnout as:

a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions ... [which are] feelings of energy depletion or exhaustion, increased mental distance from one's job or feelings of negativism and cynicism related to one's job, and reduced professional capacity.<sup>22</sup>

23. This is a general definition and there are additional considerations in a Defence context where 'fatigue can be considered as a risk to performance and capability ... [and] a risk to force preservation'.<sup>23</sup> The Director General of Defence Force Recruiting, Brigadier Duncan Hayward, described the impact on the existing workforce of a hollowed workforce caused by high separation rates:

When we have hollowness, we have people working harder and longer, and so I am acutely concerned about it in that this is a part of the people system that I have an obligation and requirement to contribute to, and we are not meeting the numbers we want in the current competitive environment.<sup>24</sup>

### **6.3.2 A healthy workforce is needed for maximum ADF capability**

24. We heard repeatedly through notices and in hearings that it is in the ADF's best interests to have a fully staffed workforce with members who are able to contribute fully to the ADF.<sup>25</sup> The then Chief of Navy, Vice Admiral Mark Hammond AO RAN, acknowledged the link between 'strong retention, stronger and healthier workplaces, sustainable people management and reduced stressors on our people'.<sup>26</sup> He wrote:

These stressors, such as high PERSTEMPO [personnel tempo], high workloads, and staff turnover can be reduced through consistent workforce growth and the realisation of a more sustainable workforce generation system. To that end, I will remain acutely focussed on minimising outflows (retention) and maximising inflows (recruiting) to not only support a capability outcome, but the overall health and wellbeing of our people.<sup>27</sup>

25. The link between operational capability and member wellbeing was also drawn by the then Chief of Air Force, Air Marshall Robert Chipman AM CSC in a statement provided to this Royal Commission on 9 February 2024:

I rely on my commanders to control their organisation's tasking commensurate with the resources they have available, and Air Force's safety management system to identify when they are no longer in balance. Despite these efforts, I am conscious that perceptions of resource shortages is a major source of stress and dissatisfaction in my workforce.<sup>28</sup>

26. Lieutenant General Simon Stuart AO DSC, Chief of Army, recognised that an understaffed Army affects everyone.<sup>29</sup> He wrote that it:

increases the workload and demand on the diminished number of deployable soldiers in our deployable units, and can lead to increased tempo and fatigue for our people and their families.<sup>30</sup>

27. We heard evidence that pressures on staff increase when not all positions are filled. Commander of Shore Force, Commodore Heath Robertson CSC ADC RAN, spoke about the correlation between workforce hollowness and the divisional system.<sup>31</sup> Director of Navy's Fleet Health Directorate, Captain Ian Young AM RAN, identified high rates of separation for medical sailors, stating 'I've been concerned about the welfare of our medical sailor branch and how they are coping and what is happening with the branch as a whole'.<sup>32</sup>

28. When asked whether high levels of separation of medical staff has a knock-on effect for the recipients of their services, Captain Young stated:

There is absolutely a knock-on effect and it's a perfect storm when you have vacancies in positions, and only a certain number of people that are medically fit and able, and available to deploy, versus the ones that aren't. And when we have a reduced availability ... of personnel that could deploy, that means that the ones that are fit and able to deploy get recycled earlier than expected. So instead of having their time ashore ... they are now being called back and many of them are good team members and will say, yes, I'll go ahead and do that, but there is a risk to them of doing that.<sup>33</sup>

29. Captain Young identified the risk of burnout and the potential for members to stop enjoying their job.<sup>34</sup> However, other problems also affect operations:

This one is not just medical sailor vacancies, I have it through my nursing colleagues as well in medical officer positions, it is more profound with the medical sailors, because if we don't have enough of them to go to a ship, then the ship may not be able to go to sea. That's where it really starts to impact on operational capability.<sup>35</sup>

30. Without a fully operational workforce, ships cannot go to sea.<sup>36</sup> Researchers observed 'scenarios of work inefficiencies and short staffing, under sustained high workload, competing tasks, and distraction with emergent threats' in the absence of sufficient personnel.<sup>37</sup>

31. A review of the Defence Workforce Fatigue Management Approach found that lack of personnel has a cumulative impact across the workforce, with outcomes including:

- burnout
- downgrade in military employment classification (which can lead to medical separation)
- retention issues.<sup>38</sup>

32. This same review spoke with focus group participants who described fatigue as 'constant':

The reported experience of fatigue reflected a complex and multifaceted psychological and emotional response. Emotional exhaustion was a critical factor that strongly indicates fatigue as not just a physical sensation, but one that was emotionally taxing, leading to feelings of emptiness and depletion.<sup>39</sup>

33. It appears that high rates of separation are having a negative impact on the mental and physical health of the remaining workforce. While it is outside our remit to solve the ADF's retention issues, many of the recommendations of this Royal Commission have been designed to amend Defence and ADF policies, processes and operations to improve member wellbeing, to mitigate the strength and occurrence of risk factors for suicide and suicidality, and to strengthen protective factors.

34. We fully believe that if these recommendations are implemented, they will also go a long way to re-establishing the ADF as an employer of choice and bringing it into line with contemporary expectations of the Australian community. This will support recruitment and retention in an indirect, but no less real way.

35. There is no easy or simple solution to the recruitment and retention crisis. It is our firm conviction that Defence needs to do the hard work to reform its culture and improve leadership and accountability at all levels of the organisation before personnel numbers will stabilise and increase.

36. In a more direct way, initiatives to improve work conditions and reduce voluntary separation rates would have a positive impact on the workload of the existing workforce, reducing the risk of burnout and increasing operational capacity for the ADF.

## 6.4 Service obligations and member retention

37. The ADF uses a range of direct and indirect retention initiatives and key among these are service obligation periods. Two of the main forms of service obligation are the 'initial minimum period of service' (IMPS), which requires a serving member to undertake a minimum period of service,<sup>40</sup> and return-of-service obligation (ROSO), which is a compulsory period of service as a result of the member receiving specified training, education or an experience, and/or undertaking special duties.<sup>41</sup>

38. ADF service has entailed some kind of service obligation since the mid-1970s. How these obligations are calculated and who is subject to them has changed over time, but their purpose has remained largely the same. The aim of imposing service obligations is to:

Preserve a minimum level of knowledge, experience and skill within their Service in order to sustain force capability. A member may acquire this knowledge, skill and experience as the result of:

- a. long or expensive courses of education or training
- b. one off training or education
- c. education, training or experience that has made them highly marketable
- d. training or experience linked to a specified operational capability, or
- e. a specific posting or attachment.<sup>42</sup>

39. IMPS requires a serving member to undertake a minimum period of service. The length of this period varies depending on the role and avenue for entry and is determined by the individual service.

The ADF offers some one-year roles but for general entrants the commitment is usually two to six years. Officers serve a minimum of between three and fourteen years and in general, the longer the training required the longer the commitment.<sup>43</sup>

### 6.4.1 What happens to members who separate before service obligations are met?

40. If a serving member wishes to separate from the ADF before the completion of either of these forms of service obligation, they may be liable for a service obligation debt, meaning they must repay a sum of money to the Commonwealth.<sup>44</sup> This mechanism enables the Commonwealth to recover its sometimes substantial investment in the enlistment and training of new members.

41. Service obligation debts are calculated based on how much of the member's ROSO has been completed.<sup>45</sup> This may include a grace period, where a member can choose to end their service without incurring a service obligation debt.<sup>46</sup>



42. However, not all ROSO or IMPS incur financial penalties if broken. In the Navy and Air Force, sailors and enlisted aviators do not incur a service obligation debt as a result of leaving before their IMPS is concluded.<sup>47</sup>

## **Members can feel trapped by service obligations and seek a way out**

43. Some members report feeling ‘trapped’ in the ADF until the completion of their service obligations and say that their inability to separate without financial penalty exacerbated mental ill health and led to suicidality. [Content warning] During our hearings, we heard from the family member of an ADF member who had died by suicide. She told us that her sister felt unable to leave the ADF, an environment where she reported experiencing sexual assault and harassment:

She was terrified, she was just stressed. She couldn’t understand why they [were] treating her like a criminal when she’s injured her knee and been told that she will never be able to run again and never be able to exercise again, so why are they so insistent on her coming back and why are they so aggressive in their approach? She also was terrified of prosecution or what other threats were made to her, which were that she would be made to pay back her training costs, which [were] I think, around \$200,000, and that her belongings that were I think still in Cairns would be held.<sup>48</sup>

44. Some members described feeling compelled to take drastic measures to force their discharge ahead of completing their service obligations, including becoming pregnant, deliberately seeking administrative discharge and making a suicide attempt.<sup>49</sup> For example, one ex-serving member told us they withdrew money and considered going AWOL in order to leave when they still had four years to serve for their ROSO.<sup>50</sup>
45. Other members described how attempting to change roles or separate before completing their service obligations could lead to bullying, harassment and a feeling of hopelessness.<sup>51</sup> The fear of negative consequences may also prevent people from seeking help for other issues. The wife of an ADF member described her husband’s reluctance to seek help while completing his service obligations, saying:

He has stated that he feels trapped by structural powers, unable to fully vocalise his needs until his ROSO date has ... passed due to fears of increased time to serve.<sup>52</sup>

46. Dr Mary Frost, a psychiatrist, has treated serving and ex-serving members for 20 years and conducts independent medical examinations for the Department of Veterans’ Affairs (DVA). She described members’ experiences of service obligations as being ‘a millstone, a sense of entrapment, and ... on occasions, of imprisonment’.<sup>53</sup> Dr Frost said she often heard patients say ‘if this was a civilian job, I would have resigned a long time ago’.<sup>54</sup>

47. She said that the financial requirement of breaking a service obligation 'feels financially impossible' for a young member and said that the alternative is to seek administrative discharge through 'deliberate insubordination, drug offences, a minor or even major criminal offence, or to "escape", being ... AWOL'.<sup>55</sup>

48. Dr Frost detailed the risks she observed for First Nations recruits in particular:

The other component that I have seen for Indigenous recruits and members is their feelings of entrapment by Return of Service obligations. For some individuals in this state of feeling entrapped their only thoughts are ones of escape, either through suicide or by going AWOL. AWOL is always dealt with punitively in my experience. I have seen individuals who have been in Holsworthy Prison or threatened with Holsworthy Prison. Given the known risk of deaths in custody by suicide for Aboriginal and Torres Strait Islander people, prison can be a death sentence.<sup>56</sup>

49. In 2011, a Defence scoping inquiry was conducted to understand issues associated with the apparent death by suicide of an ADF member. In a statement to the inquiry, a colleague of the member described the fear associated with having to repay service obligations, writing, 'It was common talk amongst Cadets. Cadets are afraid to leave, they are afraid of the consequences and therefore will not approach the staff'.<sup>57</sup>

50. While the terms of reference for the scoping inquiry did not require investigation into 'systemic issues relating to ROSO',<sup>58</sup> the inquiry found that:

It is conceivable that [the ADF member] may have been so concerned or overwhelmed by the possible requirement to repay the costs of his training if he were to leave, that he felt the only way out was suicide.<sup>59</sup>

51. The 2021 Australian Commission on Safety and Quality in Health Care's *Independent Review of Past Australian Defence Force and Veteran Suicides* also found that the financial pressure created by the ROSO 'compelled some members to remain in a workplace which they felt contributed to their mental decline'.<sup>60</sup>

52. In addition to the extremely negative effects service obligations have on some individual members, it is not clear that service obligations are effective in improving retention over the longer term. The Modelling Retention Behaviours research found that:

In general, a member who has any form of service obligation is 80% less likely to separate than a member who has no such obligation. This result is the most statistically significant result in the entire analysis. This in itself is unsurprising, but the result should be treated with some caution. As the discussion of retention bonuses suggests, the imposition of a service obligation itself may only attract those who already intended to stay that period of time, and attempts to retain personnel by offering benefits with associated service obligations may well not assist retention at all.<sup>61</sup>

53. When asked whether Defence is concerned about members separating or transferring after they have completed their service obligations, Defence stated:

Yes, Defence is concerned that there is a peak in separation for trained force personnel [at the completion of their service obligations] who are often critical to achieving capability requirements and long term workforce growth (also shaped by current recruiting challenges and a contracting ADF size). This reflects loss of skilled workforce and many retention efforts focus on this period. Defence acknowledges that many people enlist with the intention of only serving for the minimum period.<sup>62</sup>

54. Were Defence able to change workplace culture to improve member wellbeing, especially in relation to mental health, it may reduce the number of members separating upon completion of their service obligations.

## 6.4.2 Pros and cons of service obligations

55. In 2022, Vice Admiral Michael Noonan AO RAN, the then Chief of Navy, told us he approaches service obligations on a case-by-case basis.<sup>63</sup> In 2024, Lieutenant General Natasha Fox AM CSC, Chief of Personnel, acknowledged that the potential to incur a service obligation debt may be a stressor for members, which could result in some members feeling trapped.<sup>64</sup>

56. Defence has removed service obligations from some of its training courses, but is not considering removing service obligations 'across the board'.<sup>65</sup> Decisions on whether a member may separate from the ADF without completing their service obligations and without incurring a debt are made on a case-by-case basis.<sup>66</sup>

57. Defence stated that the waiver of a service obligation debt may be considered 'for compelling or compassionate reasons or as a result of an involuntary separation', or if it was later determined that the debt was applied or calculated incorrectly.<sup>67</sup> However, Defence policies do not state which factors a delegate would take into account in making that decision. Defence has said that determining whether a debt is to be waived 'involves a judgment call for each delegate noting that experienced officers act as delegates'.<sup>68</sup>

58. Defence does not track the number of requests to waive or amend a service obligation debt and 'does not intend to collect this data'.<sup>69</sup> We are concerned that Defence has taken no specific steps to mitigate any adverse impacts on the mental health of Defence members associated with a service obligation debt.<sup>70</sup> Defence confirmed that mental health supports for members with service obligation debts are the same as those available to other members.<sup>71</sup>

59. Defence told us it has:

no available data on members who have raised concerns about consequences of early separation or not being permitted to be released from their service obligation, either before they applied for a waiver, or as part of the application.<sup>72</sup>

60. While there has been no comprehensive study of the effects of service obligations on wellbeing, the Navy Retention Team received feedback indicating ‘that members felt penalised through the application of ROSO and IMPS’.<sup>73</sup> Feedback from Defence Force Recruiting also indicated that:

the application of an IMPS was a barrier to attracting potential candidates into Navy. To reduce this barrier, Navy is conducting a Trial of reduced IMPS to the length of initial training plus one year. This trial will commence in 2024 for a two year period. Data will be collected by Defence Force Recruiting to enable Navy to determine if reducing the IMPS attracts more people to Navy.<sup>74</sup>

61. When asked whether service obligation debts may create a sense, feeling or fear (perceived or real) of entrapment for Defence members, Defence agreed there is a ‘possibility *some* members *may*’ feel this way, and that ‘some members may not fully understand the policy and provisions ... for consideration of waivers’.<sup>75</sup>
62. We asked whether, in Defence’s view, the policy and provisions could be communicated to ADF candidates and Defence members more clearly, more frequently and/or through various communication methods. While Defence did not respond to this question directly, it stated ‘in Defence’s view, the policy and provisions are provided to candidates and Defence members through various methods at various times’.<sup>76</sup> Specifically:
- the letter of offer provides details of the applicable service obligation debt including duration and debt amount<sup>77</sup>
  - the Military Personnel Employment Manual provides information on waivers<sup>78</sup>
  - the *Defence Regulation 2016* (Cth) identifies which delegates can waive service obligations<sup>79</sup>
  - the AC853 form contains the application to transfer within or separate from the ADF.<sup>80</sup>
63. We are concerned that members who are seeking to separate, particularly those who are seeking a waiver of their service obligation debt, may find the multiple documents, policies and processes difficult to navigate.
64. The evidence we have received throughout this inquiry demonstrates that there is potential for service obligations to affect members’ mental health and wellbeing. We encourage Defence to undertake comprehensive analysis of this issue across all services.

## 6.5 The ADF does not know why members leave

65. Despite the critical importance of effective retention strategies at this time, the ADF lacks a comprehensive understanding of why members are voluntarily separating at a high rate.<sup>81</sup> This lack of understanding undermines the success of retention policies and practices. Without knowing why members leave, how can Defence know what to do to encourage them to stay?
66. Defence does use the YourSay ADF Exit Survey to capture members' reasons for leaving, but it is neither mandatory nor conducted uniformly across all services.<sup>82</sup> The current version of the exit survey, rolled out in 2020 to replace a previous survey,<sup>83</sup> was launched using a 'passive dissemination approach', meaning a link to the survey was provided in the transition pack of separating members.<sup>84</sup>
67. A review of this approach found it was 'not fit for purpose, as insufficient data [is] collected for meaningful interpretation'.<sup>85</sup> In August 2023, Defence signalled 'a shift to return to directly emailing invitations to the YourSay ADF Exit Survey to appropriate personnel flagged in the HR data system'.<sup>86</sup>
68. Defence claims that:
- Understanding the current and future workforce supply that exists within Defence, across industry and in the education and training sector is fundamental to determining future workforce gaps, especially within priority capability areas.<sup>87</sup>
69. This suggests that Defence does grasp, if peripherally, the importance of understanding why members leave service. However, we are concerned that emailing separating members is still too passive and will prevent the ADF from obtaining the data it needs, especially given the huge amount of paperwork associated with separation and transition. All separating members are requested to fill in the Transition Preparedness Questionnaire and the ADF Post Transition Survey/Questionnaire. Defence recognises that requesting responses to multiple surveys can result in 'survey saturation' and can be a burden on members.<sup>88</sup>
70. Combining this survey approach with exit interviews, for example, would greatly increase the amount of useable data collected and provide the ADF with a much better understanding of why people leave.
71. In addition to the YourSay Exit Survey, each service has its own method for collecting data on reasons for voluntary separation. All make use of form AC853 – Application to Transfer Within or Separate from the ADF; however, they differ in whether they make it mandatory and how they collate and use the data it contains.
72. For the Navy, members who are requesting voluntary separation provide their reasons on form AC853. This information is saved on the member's service file, but not collated or analysed by the Navy. Members may also advise their career manager of their reasons for separating in an interview before their separation. This information will be recorded on their service file, but again, it is not collated or analysed by the Navy.<sup>89</sup>

73. In the Army, the Transfer and Transition Detachment team in the Army Personnel Support Unit collates the primary reasons for separating, drawn from interviews with members who have submitted an AC853 form. Collated data is only available from May 2022, however. Related information can be tracked back to 2018, but it was not 'prioritised as it is now'. The purpose of collating this data is to inform program improvements to support and retain members.<sup>90</sup>
74. For the Air Force, aviators requesting voluntary separation may state their reasons on an AC853 form, but this is optional. The information provided is saved on the member's service file, but is not collated or analysed by the Air Force. Again, members tell their career manager why they are separating; however, this information, while recorded on the member's service file, is not collated or analysed. A member may also discuss their reasons for leaving with their chain of command, which would normally be annotated on the AC853 form.<sup>91</sup>
75. It is concerning that even when data on reasons for leaving is collected for an individual, it is rarely, if ever, collated at a service or enterprise level and analysed. Neither does Defence collate information on members who apply to transfer to the reserves.<sup>92</sup> We question how Defence can develop meaningful and effective retention policies without this information.
76. Since 2022, Defence has undertaken research to identify factors associated with separation and retention through its Modelling Retention Behaviours research. The program compiles 'administrative personnel data (data on work location, remuneration, manager, work category, home location, qualifications, sex, age, housing support)' to identify these factors.<sup>93</sup> Defence has stated that the results of this research 'cannot be presently relied on for decision-making, but represent provisional, novel, and tentative analysis'.<sup>94</sup>
77. While we would not speak against this initiative, we question the usefulness of understanding which of these factors is associated with higher levels of separation in the absence of truly listening to and understanding people's stated reasons for leaving.
78. Defence has admitted that while it has invested in 'identifying, attracting, recruiting and developing talent to build and reshape its people capability', the approach to retaining talent has been 'less cohesive'.<sup>95</sup> Defence stated that it lacks an enterprise-wide view of the problem:

Apart from critical categories, retention of APS [Australian Public Service], permanent ADF and Reserve forces is managed separately, and at times passively. While separation rates are monitored, the true costs of outflow are neither well measured nor understood, including second-order impacts such as workforce diversity. Responding to this, work is underway to develop an approach to measuring the cost of workforce turnover (the financial cost to Defence from the separation and replacement of personnel).<sup>96</sup>



79. Defence acknowledges that use of data on separation rates ‘does not provide sufficient detail in the behaviour of the workforce’ including data on when in their career personnel are leaving.<sup>97</sup> Defence also acknowledges that ‘more detailed analysis into years of service profile is required for each of the services’ workforces in order to understand the cause of the issue’.<sup>98</sup>

## 6.6 What reasons do members give for leaving?

80. The information that Defence *does* have on why members voluntarily separate from the ADF largely points to issues of culture and wellbeing, including dissatisfaction with leadership, career progression and work–life balance.<sup>99</sup>
81. As we have already identified, the sample size of respondents to the exit survey is disappointingly small. Nonetheless, few of the top 10 reasons for leaving can be attributed to financial matters (as shown in Table 6.1).

**Table 6.1 Top 10 reasons for leaving the ADF**

	2020	2021	2022
1	Deployments (opportunities, frequency, duration)	Current location (how much a posting would impact your family)	Job satisfaction*
2	Opportunities for career development	Job satisfaction*	Career prospects outside the military
3	Career management/influence over career decisions*	Morale in my work environment*	Work–life balance*
4	Job satisfaction*	Work–life balance*	Morale in my work environment*
5	Time spent away from family due to work*	The impact of military life on my family	To make a career change while still young
6	The impact of military life on my family	Career prospects outside the Military	Time spent away from family due to work*
7	Leadership at my unit	Time spent away from my family due to work*	Opportunities for career development
8	Selections and promotions	Leadership at my unit	Career management/influence over career decisions*
9	Work–life balance*	Career management/influence over career decisions*	Locations stability (how often you relocated homes)
10	Morale in my work environment*	Level of stress at work	Current location (how much a posting would impact your family)

\* Indicates that this is included in the top 10 reasons across all 3 years.

Source: Exhibit F-01.009, Department of Defence, Response to Notice to Give, NTG-DEF-178, DEF.9999.0133.0001 at 0009.

82. In April 2022, Defence established the Recruiting and Retention Tiger Team to better understand the reasons why people leave the ADF and to consider and recommend approaches to address them. In addition to the reasons for separation identified above, the Tiger Team's final report identified key contributing factors, including:
- a stressed workforce driven by workforce shortages and sustained high tempo
  - unfulfilled needs and expectations of a changing demographic
  - poorly communicated employee value propositions
  - a complex workforce system that lacks the resources, agility and flexibility to keep pace with a more dynamic and competitive labour market.<sup>100</sup>
83. More simply, the report found that 'unfulfilled expectations, burn out and a feeling of being under-valued ... are the most dominant reason[s] for personnel separating from the ADF'.<sup>101</sup> Service specific reviews have found similar contributing factors.<sup>102</sup>
84. In 2017, a Navy retention team identified that posting locations and being separated from family, cultural issues associated with specific locations, and employment opportunities with higher pay outside the ADF were the leading factors for separation from service.<sup>103</sup> Between 2022 and 2023, the Army identified the leading causes of separation to include members seeking civilian employment opportunities and better work-life balance.<sup>104</sup>

### 6.6.1 Do financial incentives work?

85. In early 2024 the ADF introduced various indirect retention initiatives that aim to address some of the non-financial reasons for leaving, which are discussed in section 6.6. These initiatives include retention bonuses with attached service obligations, and salary increases without obligations. However, many of the initiatives focus on financial incentives to stay or financial disincentives to leave, rather than being evidence-based strategies that address reasons for leaving associated with organisational culture.<sup>105</sup>
86. According to Defence:
- Historically, retention bonuses have been employed to create a short term retention outcome to permit other remediation efforts to occur to improve long-term retention, as retention payments do reduce separation rates and provide short term focus to allow other aspects of the EVP [employee value proposition] to be fully developed.<sup>106</sup>
- On average, every \$12,000 of pay is equivalent to a 4 per cent reduction in the likelihood of separation, so total salary is a very important factor for retention.<sup>107</sup>
87. However, the ADF and service-specific research by Defence make it clear that financial issues are most often *not* a primary driver of voluntary separation.<sup>108</sup>

88. We asked Defence for evidence of the effectiveness or otherwise of financial incentives in retaining serving members. Defence did not provide evidence of any past analysis, but stated that research on retention behaviours 'is in the early stages of development and is as yet unable to be relied on for decision-making'.<sup>109</sup> According to Defence, this research, which is based on an analysis of personnel data from 2017 to 2022, suggests that 'financial incentives generally play an important role in retention, with higher pay and allowances tending to be associated with greater retention'.<sup>110</sup>

89. However, initial Modelling Retention Behaviours research conducted by Defence told a different story, reporting that 'retention bonuses reduce the likelihood of separation by less than 0.001%. They do not appear effective, but further analysis is warranted'.<sup>111</sup> Department of Defence information also shows that 'retention bonuses do not appear to support retention. This suggests that attaching service obligations to bonuses may be less effective than increases in salary'.<sup>112</sup>

90. The research concluded:

Financial options generally are an important part of retention, but they appear to be more effective when not associated with return of service obligations, and when they are permanent rather than temporary. Increases in salary have salutary effects on retention, but retention bonuses appear to have very little positive effect.<sup>113</sup>

91. When asked whether this research suggests that 'financial incentives are not really effective in terms of addressing the reasons why people would leave', Lieutenant General Fox stated:

what I know about incentive payments from bonuses generally, they're a stabilising factor, not a holding factor. The overall package is the holding factor, not just bonuses in and of themselves.<sup>114</sup>

92. Prioritising financial-based retention initiatives, despite evidence that they are limited in their effectiveness and knowledge that they do not address key reasons why members separate, is not new for the ADF. A 2006 study into ADF recruitment and retention found that female employees were less likely to stay in service because of financial incentives, meaning that continuing to offer them may hamper efforts to reduce the gender imbalance in the ADF *and* increase the size of the workforce.<sup>115</sup> The study concluded:

As this analysis has identified, money is **not** a key retention factor for females, nor [do] pay related issues rate highly across the ADF ... Therefore, it is argued the ADF needs to develop non-pay strategies (education, location stability, housing and the like) to encourage individuals to remain within the ADF up to and beyond 15 years of service.<sup>116</sup>

93. The Australian Government also raised concerns about the Navy Retention Incentive Payment, a short- to medium-term financial retention incentive payment offered to eligible mid-rank officers and sailors from 1 July 2019, alongside ‘a suite of non-financial incentives to encourage members to serve beyond their initial minimum period of service’.<sup>117</sup> It questioned:

how effective and efficient the Navy Retention Incentive Payment may be, including the possibility of second order effects. Those concerns include that the payment may effectively introduce a new decision point for members to consider separation; create uneven retention effects across employment categories; undermine progress in changing longstanding management practices; and induce separations if not well managed.<sup>118</sup>

94. When the ADF requested a 12-month extension of the incentive payment, the Australian Government again raised concerns ‘that Navy [had] not managed to sufficiently embed its non-financial initiatives to the extent it feels confident to cease the NRIP [Navy Retention Incentive Payment] by 30 June 2024’.<sup>119</sup>
95. We echo these concerns regarding both the effectiveness of ‘quick-fix’ financial incentives and the ADF’s inadequate commitment to non-pay strategies and mitigating the actual conditions that underlie member separation.

## 6.7 Reforming recruitment and retention

96. As Dr Nikki Jamieson, suicidologist and mother with lived experience of Defence suicide bereavement, told us:

Recruitment and retention needs to be maximised, but not to the demise of the mental health and wellbeing of Defence members, veterans and their families.<sup>120</sup>

97. Defence has acknowledged that a ‘mindset shift’ is required to address current recruitment and retention challenges.<sup>121</sup> To achieve this, the ADF needs to better understand why its members are leaving and develop policies that directly address these issues.
98. We acknowledge that the ADF is taking steps to address some of these issues through indirect retention policies by:
- offering the Deliberately Differentiated Model, which can provide selected members with housing, travel and leave benefits including financial and non-financial measures, to help retain skilled personnel Defence consider critical to capability<sup>122</sup>
  - updating the Defence Home Ownership Assistance Scheme, which helps serving and ex-serving ADF members buy a house by reducing the length of time a member must serve before being able to access a subsidised loan<sup>123</sup>

- increasing the allocation of Remote Locality Leave Travel, which enables members posted to remote locations to return to their nearest Australian capital city to take a break from the isolation and climate, and access healthcare and shopping facilities<sup>124</sup>
- revising the Higher Duties Allowance, to 'pay members at the rank they are performing, rather than a percentage of their substantive rank pay'<sup>125</sup>
- improving and expanding access to education opportunities by increasing the budgets for the Defence Assisted Study Scheme and Study Bank programs<sup>126</sup>
- expanding the ADF Family Health Benefit by doubling the allowance for ADF member dependants and increasing the number of reimbursable services<sup>127</sup>
- increasing member understanding of, and access to, the Defence Employee Value Proposition and the benefits available to them and their families<sup>128</sup>

99. However, we believe placing a greater focus on policies that *directly* aim to improve member health and wellbeing, and target the key reasons for leaving, would improve the ADF's culture and subsequently reduce separation rates. Defence appears to agree with this proposition, acknowledging that:

It is well established that family support, work–life balance and housing are key influences in the retention of service members, especially in the mid-career and later stages of Service. While initiatives such as the Deliberately Differentiated Offer aim to mitigate factors that influence service members' decision to leave, Defence will need to improve its employment offer to ADF and APS personnel. This includes through enhancements to the nature of work, career management and learning opportunities.<sup>129</sup>

100. Studies have shown that employee wellbeing affects both recruitment and retention, being associated with voluntary and involuntary separation.<sup>130</sup> Higher employee wellbeing results in 'better firm performance through better recruitment, higher employee motivation, and lower staff turnover'.<sup>131</sup>

101. A 2014 study found that 'through successful implementation of an effective action to create a mentally healthy workplace, organisations, on average, can expect a positive return on investment of 2.3'.<sup>132</sup> This means that for every dollar spent, \$2.30 of benefits will be returned. While these benefits usually take the form of improved productivity, there is also a financial incentive: for 'every dollar spent on successfully implementing an appropriate action, there is on average \$2.30 in benefits to be gained by the organisation'.<sup>133</sup>

102. While the study did not specifically look at the ADF, it found that larger organisations have lower returns on investment, with the implication being that 'large organisations may need to implement actions on a team or group basis and engage local champions to ensure that the action remains targeted amongst employees'.<sup>134</sup>

103. Given that the ADF's own research has found that retention bonuses do little to reduce separation rates (see section 6.6.1), we suggest that it is more beneficial to implement policies designed to address and improve the mental health and wellbeing of members over 'quick-win' financial incentives.

### **Recommendation 8: Maximise workforce retention by addressing factors that contribute to voluntary separation**

In the next iteration of the Defence Strategic Workforce Plan (or its equivalent), Defence should specifically focus on outcomes-based retention initiatives. The plan should:

- (a) draw on service-specific workforce experience data, monthly workforce reporting and analysis of factors driving voluntary separation
- (b) address contributors to voluntary separation, including burnout, fatigue and psychosocial stress
- (c) establish targets, with accompanying performance measures, to enable evaluation of the effectiveness of retention initiatives.

The plan should inform the evolution of Defence's Employee Value Proposition and be implemented in alignment with the Defence Work Health and Safety Strategy.

## **6.8 Conclusion**

104. While the ADF claims that people are its 'greatest asset', achieving this in practice and treating all Defence personnel as if their health and wellbeing matters, requires cultural and policy changes.<sup>135</sup> If the ADF is to meet its goals for operational readiness, it needs to better understand its people, what motivates them to stay in the ADF and what causes them to leave. Without genuinely listening to its people and shifting retention policies so they improve the mental health and wellbeing of its workforce, the ADF will continue to face retention challenges.
105. If retention and recruitment challenges are not addressed, the existing workforce will continue to be impacted by staff shortages, leading to exhaustion, burnout, low job satisfaction and poor mental health outcomes.
106. It must no longer be the case that member wellbeing be considered at odds with operational imperatives. Our recommendations are intended to reset the balance, supporting members while maximising retention. This will benefit Defence and enable the ADF to meet its strategic and operational goals.



## Endnotes

- 1 Exhibit 49-01.016, Department of Defence, Response to Notice to Produce, NTP-DEF-061-02, R2T2 Final Report, DEF.1061.0003.0027 at 0032.
- 2 Appendix I, Comparative rates of suicide – ex-serving ADF members.
- 3 Appendix I, Comparative rates of suicide – ex-serving ADF members.
- 4 Exhibit K-01.032, Department of Defence, Response to Notice to Give, NTG-DEF-140, DEF.9999.0112.0001 at 0026.
- 5 Australian Government, *National Defence: Defence Strategic Review*, 2023, p 87, 7 (Exhibit 63-02.002, Hearing Block 9, SSH.1001.0002.0186).
- 6 Exhibit G-01.017, Department of Defence, Response to Notice to Produce, NTP-DEF-288-02, Defence People Committee 2022/228 Annual Enterprise Workforce Report, DEF.1288.0001.0090 at 0091.
- 7 Exhibit 49-01.016, Department of Defence, Response to Notice to Produce, NTP-DEF-061-02, R2T2 Final Report, DEF.1061.0003.0027 at 0031.
- 8 Exhibit 49-01.027, Hearing Block 7, Department of Defence, Response to Notice to Produce, NTP-DEF-048-06, Defence Strategic Workforce Plan 2021–2040, Part 2, DEF.1048.0011.0105 at 0157.
- 9 Exhibit 90-03.025, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-GRM-002, Defence Monthly Workforce Report, GRM.1002.0001.0050 at 0053.
- 10 Exhibit 90-03.025, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-GRM-002, Defence Monthly Workforce Report, GRM.1002.0001.0050 at 0053.
- 11 Exhibit 90-03.025, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-GRM-002, Defence Monthly Workforce Report, GRM.1002.0001.0050 at 0051.
- 12 Exhibit 90-03.025, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-GRM-002, Defence Monthly Workforce Report, GRM.1002.0001.0050 at 0051.
- 13 Exhibit 90-03.025, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-GRM-002, Defence Monthly Workforce Report, GRM.1002.0001.0050 at 0051.
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- 16 Exhibit 49-01.027, Hearing Block 7, Department of Defence, Response to Notice to Produce, NTP-DEF-048-06, Defence Strategic Workforce Plan 2021–2040, Part 2, DEF.1048.0011.0105 at 0118.
- 17 Australian Government, *Defence 2000: Our Future Defence Force*, 6 December 2000, pp 65–66 (Exhibit 90-03.012, Hearing Block 12, DVS.0012.0001.1293).
- 18 Australian Government, Department of Defence Submission to the Inquiry into the Department of Defence Annual Report 2021–22, 2023, p 4 (Exhibit 90-03.021, Hearing Block 12, DVS.0012.0001.1787).
- 19 Exhibit 87-01.001, Hearing Block 12, Matthew Yannopoulos, Witness Statement, DEF.9999.0151.0202 at 0212 [42(b)].
- 20 DJ Oh and others, ‘Examining the Links Between Burnout and Suicidal Ideation in Diverse Occupations’, *Frontiers in Public Health*, vol 11, 2023, p 6 (Exhibit 90-03.024, Hearing Block 12, DVS.0012.0001.1479).
- 21 Transcript, Gordon Parker, Hearing Block 10, 20 July 2023, p 71-6911 [20–25].
- 22 Transcript, Gordon Parker, Hearing Block 10, 20 July 2023, p 71-6904 [34–39].
- 23 Exhibit 90-03.026, Hearing Block 12, Preliminary Insights – Review of the Defence Workforce Fatigue Management Approach Report #3, DEF.1344.0003.0080 at 0089.
- 24 Transcript, Duncan Hayward, Hearing Block 7, 19 October 2022, p 49-4740 [4–7].
- 25 Transcript, Heath Robertson, Hearing Block 9, 22 May 2023, p 63-6066; Australian Government, *National Defence: Defence Strategic Review*, 2023, p 7 (Exhibit 63-02.002, Hearing Block 9, SSH.1001.0002.0186); Exhibit 87-01.001, Hearing Block 12, Matthew Yannopoulos, Witness Statement, DEF.9999.0151.0202 at 0212 [42(b)].
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- 27 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0065 [296].
- 28 Exhibit 91-02.002, Hearing Block 12, Robert Chipman, Witness Statement, ROC.0001.0001.0001 at 0024 [129].
- 29 Exhibit 98-02.001, Hearing Block 12, Simon Stuart, Witness Statement, SST.1001.0001.0001 at 0042 [201].
- 30 Exhibit 98-02.001, Hearing Block 12, Simon Stuart, Witness Statement, SST.1001.0001.0001 at 0042 [201].
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- 32 Transcript, Ian Young, Hearing Block 9, 22 May 2023, p 63-6128 [21–23].
- 33 Transcript, Ian Young, Hearing Block 9, 22 May 2023, p 63-6129 [34–42].
- 34 Transcript, Ian Young, Hearing Block 9, 22 May 2023, pp 63-6129 [46]–63-6130 [5].
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- 37 Exhibit 90-03.026, Hearing Block 12, Preliminary Insights – Review of the Defence Workforce Fatigue Management Approach Report#3, DEF.1344.0003.0080 at 0084 [7].
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- 41 Exhibit 75-06.001, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-051, DEF.9999.0068.0001 at 0003.
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- 43 Exhibit 90-03.030, Hearing Block 12, ADF Careers – Your Commitment, DVS.0012.0001.0974 at 0975.
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- 45 Exhibit 90-03.016, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-071, MILPERSMAN Part 2, DEF.1071.0003.0660 at 0665.
- 46 Exhibit 90-03.016, Hearing Block 12, Department of Defence, Response to Notice to Produce, NTP-DEF-071, MILPERSMAN Part 2, DEF.1071.0003.0660 at 0665.
- 47 Exhibit 101-03.037, Hearing Block 12, Department of Defence, Response to Notice to Give, NTG-DEF-272, DEF.9999.0192.0078 at 0079.
- 48 Transcript, Alexandra Bailey, Hearing Block 1, 1 December 2021, p 3-237 [38–46].
- 49 Exhibit 52-03.003, Hearing Block 7, Mary Frost, Witness Statement, MFR.0000.0001.0012 at 0034 [53]; Transcript, Danielle Wilson, Hearing Block 3, 8 March 2022, p 17-1482 [13–27]; Transcript, Alexandra Bailey, Hearing Block 1, 1 December 2021, p 3-237 [38–46].
- 50 Name withheld, Submission, ANON-Z1E7-QM48-H, p [5].
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- 53 Exhibit 52-03.003, Hearing Block 7, Mary Frost, Witness Statement, MFR.0000.0001.0012 at 0034 [53].
- 54 Exhibit 52-03.003, Hearing Block 7, Mary Frost, Witness Statement, MFR.0000.0001.0012 at 0034 [53].
- 55 Exhibit 52-03.003, Hearing Block 7, Mary Frost, Witness Statement, MFR.0000.0001.0012 at 0034 [57].
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## 7 Culture and leadership

### Summary

Throughout our inquiry we heard about the powerful influence of Australian Defence Force (ADF) culture on members' health and wellbeing. Lived experience evidence and expert research demonstrates the impact of culture on members, and the related risk factors for suicide and suicidality.

We examine the different factors that shape ADF culture. Some are visible and 'owned' by the ADF, including Defence values and behaviours, and culture strategies. We examine how the ADF's culture is impacted by its unique features as a military organisation. These include the military capability imperative, the command-and-control structure, and the inextricable link between a member's health status and their career.

We then look at the unconscious and invisible elements of culture. Some behaviours and norms, such as loyalty and service, are fundamental to building and sustaining a cohesive, high-capability military organisation. However, there is a tipping point at which they can become maladaptive and result in significant harm, including suicide and suicidality. In particular, cultural norms dictating against 'jacking on your mates' can leave members feeling powerless to pursue complaints against abusers, and punished when they do. The complete commitment to sacrifice and service, and the strong value placed on self-reliance, can make it difficult for members to know when it is OK to reach out for help. Reaching out for help can also result in being ostracised by peers.

The ADF has been through multiple independent reviews examining its culture and calling for change. Responses have focused on activities, rather than articulating the desired outcomes and then evaluating whether they have been achieved. Some areas, including member safety, health and wellbeing, have worsened over the past 5 years.

Our recommendations aim to ensure the ADF as an organisation and its individual leaders are held accountable against specific outcomes across a range of cultural measures. We look at the types of behaviours ADF leaders must demonstrate to create and sustain a positive workplace culture, and the information and support they need to achieve this.

The ADF has described its culture as a 'force multiplier'. Our recommendations will strengthen ADF culture, reward leaders who prioritise members' health and wellbeing, and address the risk factors for suicide and suicidality. These changes will improve the ADF's capability as a military organisation. As Dr Nikki Jamieson, whose son Private Daniel Garforth died by suicide in 2014 and is an expert on moral injury, said:

Ultimately we want a strong, robust and adaptable force, and we need a continuous and strong resilient capability in this ever-changing global context. Recruitment and retention needs to be maximised, but not to the demise of the mental health and wellbeing of Defence members, veterans and their families ... I have met and continue to meet so many amazing ADF leaders, and now is the time for that quality leadership to shine, where compassion, accountability and transparency are placed at the forefront of all ADF systems, culture, policy and practice. Then and only then will we start to see suicide reduction becoming a reality.<sup>1</sup>

## 7.1 Organisational culture in the Australian Defence Force

1. The culture of the Australian Defence Force (ADF) is influenced by a range of factors, including the nature of the ADF as a military organisation, ‘visible’ culture strategies and Defence values and behaviours, and ‘invisible’ cultural norms.

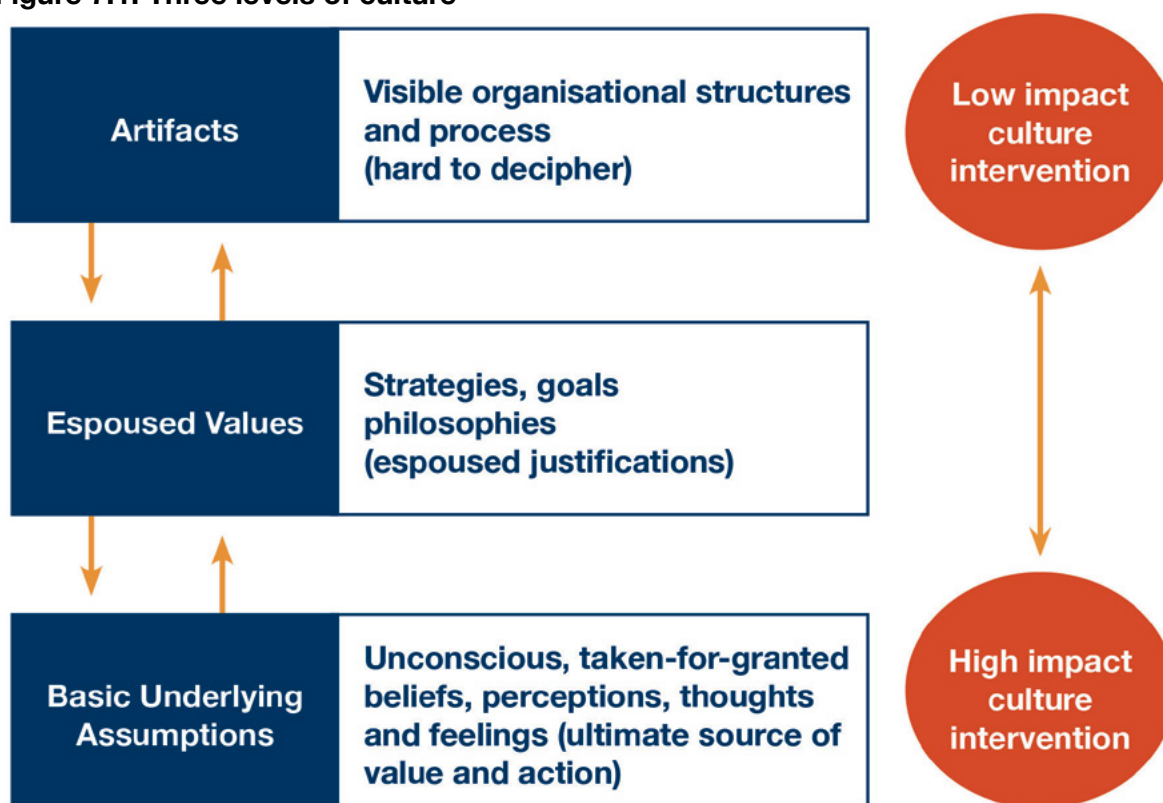
### 7.1.1 Culture is ‘how things are done around here’

2. In hearing evidence, ADF and culture specialists told us culture is ‘how things are done around here’.<sup>2</sup> The Defence Culture Blueprint 2023–2033 stated culture is ‘a measure of who we are and of what is most important to us’.<sup>3</sup> It defined culture as:

the aggregation of individual values, behaviours and actions that create the daily experience for each person and Defence’s overall performance.<sup>4</sup>

3. We note there are many groups within the ADF that have their own culture. As the then Chief of the Defence Force, General Angus Campbell AO DSC, said, ‘in an organisation that is as widely diverse and as widely dispersed and as large as Defence is’, there needs to be a focus on ‘the culture that emerges in small groups’.<sup>5</sup> The former Sex Discrimination Commissioner, Ms Elizabeth Broderick AO, who led the 2012 Review into the Treatment of Women in the Australian Defence Force, said ‘there are a number of subcultures which are often based on trade or occupational groupings’.<sup>6</sup> We also note the culture of the ADF as a whole is distinct and different from the Australian Public Service (APS) arm of Defence.<sup>7</sup>
4. Location can also shape culture. For example, at our Darwin-based hearing, we heard from a panel of Defence witnesses about ‘life on base’ at Tindal in the Northern Territory. Witnesses acknowledged challenges accessing services due to its remote location, but its remoteness also generated a ‘close community feel’ among members and their families.<sup>8</sup>
5. In addition, research has highlighted that the culture of an organisation like the military is ‘necessarily influenced by the broader cultural context within which it is situated’.<sup>9</sup>
6. In Hearing Block 3, Counsel Assisting presented a diagram (see Figure 7.1) based on business theorist and psychologist Edgar Schein’s work, showing that culture operates at three levels:
  - visible organisational structures and processes
  - espoused values, including culture strategies and philosophies or doctrines
  - basic underlying assumptions.<sup>10</sup>

**Figure 7.1. Three levels of culture**



Source: Creating Conscious Culture, P. Leong, 2022, accessed on 3 March 2022 [www.beingatfullpotential.com/creating-conscious-culture-part-2] (Exhibit 16-01.29, Hearing Block 3, EXP.0003.0013.0047).

7. Defence itself has recognised these different levels of culture. General Campbell discussed the difference between the visible organisational strategies that set out cultural aspirations and what happens in practice. He said ‘culture is what is happening when no one else is looking’.<sup>11</sup>
8. The Defence Safety Behaviour Review took a similar view, referencing the common iceberg analogy to explain:
 

culture can be defined as a set of values, beliefs and social norms ... that is shared by a group of people. Culture is embedded and intangible ... The analogy of the iceberg is often used to explain culture. Ten per cent of an iceberg sits above water: those that are visible. But ‘how things are really done around here’ – the other 90% – sits below the surface; the unconscious beliefs, values, assumptions, stories and the unwritten ground rules. These are the things that have the greatest influence on how people make decisions about how to fit, get ahead and at times simply survive in their organisation. When we talk about understanding the ‘root cause’ of behaviours that are prevalent in a culture this is the unconscious layer that needs to be uncovered.<sup>12</sup>
9. Similarly, a Phoenix Australia literature review on risk and protective factors for suicide and suicidality, including the role of ADF culture in these, stated that ‘culture needs to be defined both according to the explicit values of the ADF, and those values, attitudes and behaviours commonly held and expressed by its members’.<sup>13</sup>

10. We therefore examine ADF culture by looking at:
  - the ‘visible’ organisational structures and processes in the ADF, noting its unique nature as a military organisation
  - the ‘visible’ culture strategies and espoused Defence values and behaviours
  - the ‘invisible’ or ‘unconscious’ elements, which are deeply embedded and often unnamed.
11. This chapter unpacks each of these elements, with a particular focus on understanding the invisible or unconscious layer of cultural norms, and how they relate to risk and protective factors of suicide and suicidality in a military context. This also shows why certain maladaptive and harmful behaviours still exist, despite formal ADF strategies to drive culture change.
12. We recognise that each member’s experience of ADF culture will be different, and the impact of culture on individuals is complex. What may be an inclusive and supportive culture for one member can be an ostracising and unsupportive culture for another, and this may change over time. We have been guided by the lived experience of members and veterans, which has been expressed in submissions, private sessions and public hearings. We have focused on the most common and systemic issues they raised.

### **7.1.2 Unique features of the ADF as a military organisation**

13. Certain elements make the ADF working environment unique compared to most other organisations. In particular, the ADF’s organisational mission, systems and processes play an important part in shaping the broader culture. These include:
  - the ADF’s capability imperative
  - command-and-control structure
  - the initial minimum period of service and return-of-service obligation (ROSO)
  - internal promotion and limited external career mobility
  - the military employment classification (MEC) system.

### **ADF’s ‘capability imperative’ shapes culture, and culture shapes capability**

14. At the organisational level, military capability is intrinsic to the ADF’s success as it determines the extent to which Defence can achieve its mission. The ‘capability imperative’ gives rise to inherent challenges and tensions that must be managed, and which in turn shape culture. Particular challenges are those associated with balancing service members’ individual wellbeing and ADF operational capability and readiness. General Campbell agreed that achieving this balance is one of the critical outcomes

this Royal Commission must address.<sup>14</sup> The then Commander of the 1st Brigade in the Northern Territory, Brigadier Nicholas Foxall AM DSM, described it as ‘walking down a knife’s edge’:

The balance of [competing demands] is a very difficult thing to get right. Often we don’t ... I like to think of it through a very simple lens of walking down a knife’s edge. On this side of the knife’s edge is the mission, the tasks that you’ve been tasked by Government, the Australian people, to achieve. On the other side is my people ... You try and spend even times on either side of that knife blade. You can’t always achieve it, particularly when operations are required.<sup>15</sup>

15. Just as the ADF’s focus on military capability shapes culture, culture also determines the strength of capability that can be reached. In reflecting on lessons learnt from the Afghanistan campaign, Major General Andrew Hocking (Retd) highlighted the direct and inextricable link between culture and capability:

While C2 [command and control] is clearly an essential enabler of effective command, leadership and governance, on its own it does not guarantee good decision-making and risk management. Within the inanimate wire-diagram of responsibilities, accountabilities and authorities are real humans and real organisations that have powerful cultures and ethical frameworks. Under continued stress, organisational cultures and professional ethics can become the predominant force that cues individual decisions and actions.<sup>16</sup>

It’s said that ‘culture eats strategy for breakfast’, a maxim frequently attributed to Peter Drucker. Although, perhaps what would be more appropriate in a military context is that ‘culture eats everything for breakfast’. People, teams and therefore the culture and ethics that inform individual and collective behaviour are central to military capability. As part of the intense human endeavour in which militaries are involved, culture and capability are inextricably linked.<sup>17</sup>

16. Defence’s *Afghanistan Inquiry Reform Plan* stated:

The ‘optimal’ culture is a ‘force multiplier’, delivering an effect which is greater than the sum of an organisation’s physical capabilities. It builds the necessary external trust, confidence and cooperation, and it attracts and retains the required people.<sup>18</sup>

17. The Defence Culture Blueprint 2023–2033 explicitly recognises the fundamental role of culture in building and sustaining military capability. It highlights the need for ongoing and deliberate attention:

Culture is fundamental to achieving the Defence mission. It is present in strategy, military capability and performance considerations. Like other Defence capabilities, culture requires a deliberate and sustained effort to ensure it can support continuous outcomes.

...

Failure to attend to and invest in Defence’s culture, undermines our capability, and hampers our ability to shape the strategic environment, deter actions against Australia’s interests and respond with credible military force.<sup>19</sup>



18. This Royal Commission recognises the importance of military capability and its role in ensuring Defence can achieve its mission. This has been central to our consideration of culture in the ADF, together with the importance of members' health and wellbeing. Both are equally critical to ensuring Australia has a capable and sustainable defence force.

## Command and control gives leaders significant power and authority

19. Command and control is a central feature of military organisations, defined as 'the process and means for the exercise of authority over, and lawful direction of, assigned forces'.<sup>20</sup>
20. A command-and-control environment has a strict hierarchy, and commanders have significant authority over the people they lead. 'Command' is defined as 'the authority which a commander in the military lawfully exercises over subordinates by virtue of rank or assignment'.<sup>21</sup>
21. Commanders' authority is supported by the *Defence Force Discipline Act 1982* (Cth), which includes offences related to disobeying a lawful command of a superior officer and insubordinate conduct against a superior officer, both of which can be punishable by imprisonment.<sup>22</sup>
22. People in positions of command, therefore, have a high degree of power over their subordinates. In the context of culture, this emphasises commanders' critical role in setting the tone and explicitly directing how values and behaviours should be displayed. Poor behaviour from commanders and/or abuse of power has a hugely negative impact and can lead to 'toxic' cultures. Then Sex Discrimination Commissioner, Ms Kate Jenkins AO, highlighted potential risks associated with command-and-control structures, where people may not feel comfortable speaking up:

[Command and control] is a system where people who work in that system are required to follow the directions of people in more senior roles, without question in some situations, and there is a good reason for that directive. In terms of culture then, it can have a counterproductive influence in that people feel that they may not be able to raise issues further up the line through the chain of command, and also that they have to tolerate a certain level of behaviour from others who may be more senior or in their team and that they are not able to act upon those directives.<sup>23</sup>

23. The impact of command-and-control structures on leadership is further explored in section 7.3.

## Some members can feel 'trapped' by minimum service periods

24. The initial minimum period of service and ROSO require ADF members to remain in service for a minimum period.<sup>24</sup> The underlying rationale is the ADF invests significantly in training and educating members, and they must serve a minimum period for the ADF to get its return on this investment.<sup>25</sup> If a member leaves before completing their service obligation, they may incur a financial debt.

25. This can cause some members to feel ‘trapped’, with adverse consequences for their mental health:

My husband is currently obligated by a return-of-service obligation due to accepting an MSBS [Military Superannuation and Benefits Scheme] retention bonus. He has stated that he feels trapped by structural powers, unable to fully vocalise his needs until his ROSO [return-of-service obligation] date has surpassed due to fears of increased time to serve. This has a significant impact on our family as it means we have to gatekeep and plan for multiple scenarios to mitigate anxiety-producing responses.<sup>26</sup>

26. We heard about members feeling ‘stuck’ as a result:

Such soldiers will be stuck in a corps they did not choose for themselves purely because they were told it was the ‘only option’. Being ‘stuck’ in a career path with a ROSO of 3-4 years, in my opinion, only further enhances a soldier’s dissatisfaction with their life, leading to a sense of hopelessness. If a soldier does force the issue and demand to transfer to a specific corps, discharge or be taken off a deployment they are treated as ‘lepers’ and threatened with forced discharge.<sup>27</sup>

27. Members can feel service obligations are prioritised over their health and wellbeing:

The determination of Defence to ‘keep’ Emma for the entire ‘gap year’ had catastrophic consequences. More than anything else, this application of ‘policy’ was the military establishments most serious contribution to Emma’s mental illness. It made no sense to keep her in the hospital or even in the service. Shortly after she had been admitted to the hospital at [redacted] there was no chance that she could return to her hospitality course ... The initial drivers of this decision-making appear to [have] been: Meeting the contractual obligation of the gap year [and] inability to rejoin the hospitality course because too much of the content had been missed.<sup>28</sup>

28. The effect of service obligations heightens the importance of establishing and maintaining a positive and healthy culture for all members. Those who have not fulfilled their obligation can feel unable to leave to protect themselves without incurring potentially significant financial debt. The initial minimum period of service and ROSO are further discussed in Chapter 6, Retention issues and voluntary separation.

## **‘Up or out’ are often seen as the only ADF career options**

29. To state the obvious, there is only one Australian Defence Force. For people who aspire to a military career, there are no alternatives.<sup>29</sup> This makes it a particularly ‘high stakes’ environment. As Brigadier Foxall told us, ADF members are in careers ‘in which [they] only have one chance at success’.<sup>30</sup> Similarly, the 20-year review of the Office of the Inspector-General of the Australian Defence Force (IGADF) report commented on ‘the highly competitive environment in which senior ADF officers routinely are faced with the prospect of “up or out”’.<sup>31</sup>

30. There are two main forms of promotion: based on time and competency, and based on merit. There are general expectations about the time it takes to reach a particular rank, and the amount of time a rank is typically held. For example, the Army website states the rank of Lieutenant is 'typically held for three years', and promotion to the rank of Major 'generally occurs after 8–10 years of service'.<sup>32</sup>

31. Brigadier Andrew Moss AM CSM told us that in the Army merit is defined as 'your performance, your potential, your qualifications and experience, your values and then the context that all that is framed in'.<sup>33</sup> Brigadier Moss said 'all promotions are merit-based', but he accepted at the lower hierarchical levels, promotions tend to be associated with time and competency.<sup>34</sup> A similar time and competency approach is taken to promotions at the lower levels in the Navy and Air Force, although the Navy requires members to 'opt-in'.<sup>35</sup>

32. At these levels, members can expect that once they have completed the relevant training and been at rank for a certain period of time, they deserve to be considered for promotion. Warrant Officer Grant McFarlane OAM confirmed that:

from a soldier's point of view, it is that we have a minimum time and rank between corporal, sergeant, MRs of class 2 and MY1. When you come into that time frame, you will go to ... the Career Management Board. You will go to that regardless. So long as you fit in that time frame, you will be presented at those promotion boards.<sup>36</sup>

33. However, if someone has a complaint of unacceptable behaviour substantiated against them, this will usually affect their chances at promotion (further discussed in section 7.3.3). For example, in the Air Force:

Time and competency-based promotions are constrained by a combination of performance, effective service in rank and competency attainment.

... Members who have been identified for promotion are expected to remain competitive, eligible, suitable and available for promotion until such time as their promotion takes effect. Where a member is subject to formal warning, censure, civil conviction or a finding of guilt under the *DFDA [Defence Force Discipline Act 1982 (Cth)]* before promotion takes effect, the member's promotion will normally be withdrawn (merit-based promotions only) or delayed (time-based promotion).<sup>37</sup>

34. This makes it a particularly 'high stakes' environment to report unacceptable behaviour. From a culture perspective, we heard about what can happen if one made a complaint of unacceptable behaviour against people in higher ranks:

I was terrified that if disciplinary action were to happen, that he would make sure my life became worse. Other incidents like this continued to happen throughout my other postings. Threats of 'contact counselling' from some of the older colleagues, to even being punched in the throat by someone, in front of other people, but 'nobody saw a thing'. This is the culture of the ADF. I had no friends or support network to draw help from, so I turned to alcohol to manage. It was ultimately not helpful.<sup>38</sup>

35. In another submission we heard:

I even recall having to go on parade one morning and the particular WO2 [warrant officer class two] who was running the parade was good friends with the WO2 who had assaulted me and seemed to know I had made accusations against him. He came up to me on parade and started picking apart my dress of the day and slouch hat and the way I was standing. After the parade, a SGT [sergeant] from workshops (who was unaware of everything) asked me what was going on as he couldn't see anything wrong with what the WO2 had picked on. I just started to cry at that point and he walked me up to my Chief Clerk and told him what had happened on parade and why I was upset and that's when my Chief Clerk excused me from morning parades and told me I could just present to him each morning upon arrival instead. Looking back at this treatment now, I understand this is a case of Unacceptable Behaviour from a SNCO [senior non-commissioned officer], one of the senior soldiers entrusted to enforce discipline and standards within the unit. This form of bullying was directed towards me because I dared make a complaint about this WO2's peer and friend.<sup>39</sup>

36. The combination of an insular workforce and expectations about promotional pathways have implications for ADF culture, including:

- the importance of values and behaviours instilled in initial training environments (discussed in Chapter 3, Recruitment and initial training)
- the high stakes when reporting unacceptable behaviour (discussed in Chapter 9, Unacceptable behaviour and complaints management)
- the reliance on internal promotion means cultural change has to come from within.

## **Career linked to medical status and medical leave subject to operational demands**

37. In the ADF, a member's medical status is inherently linked to their role and career prospects. The MEC system is a determining factor in whether a member is deployed (which also has financial implications), the type of postings and training courses they are eligible for, and their subsequent consideration for promotions.<sup>40</sup> Depending on the severity of a member's health issue, they can also be medically discharged.

38. Commanding officers have significant influence over approving recommended medical leave. A member's commander/manager receives medical advice regarding 'recommended temporary employment restrictions and/or medical absence' for up to 28 days. The commander/manager has discretion about whether to approve these restrictions or absence.<sup>41</sup> Members told us in submissions of the impact this can have:

In November, I had surgery resulting in MEC downgrade and a no-driving chit ... two weeks after my operation [I] was forced to be back to work, in a work-from-home arrangement recommended by the doctor. However, my management team would not follow the doctors' recommendations, stating

we cannot approve medical leave ... It was an ongoing battle between CHC and my supervisor to get medical leave granted for my recovery. This not only affected my recovery but put myself at risk while being on medication on a live weapon range. Even worse, [it] affected my mental health and I am now refusing more surgery needed because I cannot go through all this again.<sup>42</sup>

39. They noted the commonly cited reasoning for overriding medical advice was operational needs:

The unit DR gave me 4 weeks sick leave to be taken away from Darwin. The CO [commanding officer] said No she is deploying on an exercise to South Australia in 2 weeks she can have one weeks' leave. The DR put me on medication and I returned to work for an exercise in SA where I was the SSM [Squadron Sergeant Major] and in charge of 100 soldiers ... What type of person sends a mentally unstable person to look after 100 others on an exercise in another state with NO support?<sup>43</sup>

40. The MEC system and the ADF health system are examined in Chapter 5, The military employment classification system and medical separation and Part 5, Health care for serving and ex-serving members, respectively.

### 7.1.3 'Visible' culture: Strategies, statements and espoused Defence values and behaviours

41. The 'visible' elements of ADF culture include Defence-wide and service-specific organisational culture strategies, as well as the espoused Defence values and behaviours. As we examine in the following section, the ADF has a history of cultural strategies that lead to a flurry of activity but with little measurable change.

### Crises have led to multiple external culture reviews and inquiries

42. The ADF's recent history has been dominated by external reviews examining various aspects of its culture.
43. In 2011, the then Minister for Defence announced a series of reviews to examine the ADF culture and recommend improvements. This occurred 'against a backdrop of complaints and bullying; the abuse, poor treatment and attitudes toward women in the ADF; the misuse of alcohol and social media; unacceptable personal conduct and behaviours; and the mismanagement of incidents and complaints'.<sup>44</sup> The most recent and prominent, involving the Australian Defence Force Academy (ADFA), became known as the 'ADFA Skype Incident'. It involved a male cadet secretly filming himself having sex with a female cadet, and broadcasting it to fellow cadets.

44. Table 7.1 outlines the reviews and their key findings and recommendations.

**Table 7.1. Summary of reviews of Defence culture**

Name of review	Key findings	Key recommendations
A review of personal conduct of ADF personnel (2011)	<p>There is a strong view within the ADF that unacceptable behaviour occurs because of individuals, not because of the culture.</p> <p>Tribalism is a key cause of poor conduct in the ADF.</p> <p>Unacceptable behaviour is used to assert dominance over individuals or groups (often women).</p>	<p>Develop an operations-focused culture based on professionalism in the ADF.</p> <p>Improve chains of communication for members to report concerns.</p>
Review of social media and Defence (2011)	<p>Defence has yet to establish a consistent approach to social media.</p> <p>There is a reliance on individual judgement when it comes to appropriate social media use.</p>	<p>Establish a Digital Executive Oversight Committee.</p> <p>Review all policies around social media.</p> <p>Review social media training.</p>
Inspector-General of the ADF (IGADF) review of the management of incidents and complaints in Defence, including civil and military justice (2011)	<p>The fundamentals of Defence's complaints handling systems are sound.</p> <p>ADF personnel appear to be aware of their complaint avenues.</p> <p>Procedural transparency is impeded by restrictions on disclosure and by privacy law.</p>	<p>Implement a 180-day time limit to finalise redress of grievance (ROG) complaints.</p> <p>Resource and risk manage ROG cases, directing resources to high-risk cases.</p> <p>Develop performance measures for grievance management.</p>
The Use of Alcohol in the Australian Defence Force (2011)	<p>Alcohol use is common among ADF personnel, with 26.4% consuming alcohol at a hazardous level.</p> <p>Many factors contribute to a potentially harmful drinking culture, including the use of alcohol in rituals and celebrations, and in response to stress, pressure, trauma and grief.</p>	<p>Develop an overarching alcohol policy for the ADF, based on effective practice.</p> <p>Reduce the supply of some alcohol products.</p> <p>Align the service of alcohol in the ADF with state and territory laws.</p>
Reviews into the Treatment of Women at the Australian Defence Force Academy (ADFA) and in the ADF (2011, 2012)	<p>There is widespread low-level sexual harassment at ADFA.</p> <p>The complaints handling process is cumbersome.</p> <p>Many women in the ADF face a choice between family and career.</p>	<p>Establish a dedicated Sexual Misconduct Prevention and Response Office (SeMPRO).</p> <p>Investigate ways of allowing members to make confidential complaints to SeMPRO.</p> <p>Establish an ADFA hotline to provide advice and referral.</p>



Name of review	Key findings	Key recommendations
Review of allegations of sexual and other abuse in Defence (2011, 2012)	<p>Many members have suffered abuse in the ADF. Many have also experienced poor management of their abuse.</p> <p>Previous actions by the Australian Government and the ADF failed to protect those vulnerable to abuse.</p> <p>Abuse may negatively impact the mental health and wellbeing of those who experience it.</p>	<p>Commanding officers should be directed to take administrative action, even where abuse has been reported to civilian police.</p> <p>Simpler advice should be provided around managing claims.</p> <p>Consider a capped compensation scheme for victims of abuse, as well as public and personal apologies.</p>
Defence Abuse Response Taskforce (2016)	<p>In recent recorded cases (since 2011), almost all sexual abuse was committed by males against females.</p> <p>Sexual harassment in Defence has become more personal, targeted and covert over time.</p> <p>Abuse is often carried out by those of a higher rank.</p>	<p>Offer better training for IGADF and Australian Defence Force Investigative Service officers.</p> <p>Investigate and prosecute members through the Australian criminal justice system.</p> <p>Keep complainants informed about the progress of their case.</p>

## Pathway to Change 2012–2017 implemented review recommendations

45. In response to the reviews, the ADF initiated a series of cultural reform programs over the next 10 years.
46. The first was Pathway to Change 2012–2017, designed to implement the review's recommendations.<sup>45</sup> This strategy explicitly acknowledged there were failings in ADF culture that had both personal and organisational impacts:

Despite our great strengths as an organisation, it is all too apparent that we are not uniformly good. We and Australia rightly expect that Defence will deliver to consistently high standards, whether in theatres of operations, capability development, support to our operations, our everyday personal behaviour or in how we treat our colleagues. We have learnt, to our cost, that we do not consistently meet these high standards and, more worryingly, that our culture has tolerated shortfalls in performance.

Most of these failures are personal, but our inability to consistently address them quickly points to flaws and gaps in Defence's processes and the need to reshape aspects of our single service and whole of Defence culture. Put simply, we cannot be entirely satisfied with all aspects of our current culture; there are parts that serve us poorly, which limit our performance, hurt our people and damage our reputation.<sup>46</sup>

47. Pathway to Change 2012–2017 consisted of 175 actions to implement the culture review recommendations. The key actions included commitments to:
- increase diversity within leadership groups
  - reissue guidance on promotions for star rank members and Senior Executive Service (SES) staff
  - embed values and behaviours in education and training
  - implement reforms to ADFA
  - reconfigure living environments
  - address the backlog of grievances, and simplify and speed up responses to unacceptable behaviour
  - establish better research and data capabilities.<sup>47</sup>
48. However, the impact of Pathway to Change 2012–2017 was never measured or robustly evaluated.

### **Pathway to Change 2017–2022 program recognised there was more work to be done**

49. The Pathway to Change 2017–2022 program was intended to ‘build on the momentum achieved under the first cultural reform plan’.<sup>48</sup> It recognised there was ‘more work to be done’, particularly regarding unacceptable behaviour:

There has been important learning as to where cultural change has been difficult and where further focus is required. This is most evident in regard to reducing the incidence of unacceptable behaviour and in implementing further improvements to how complaints of unacceptable behaviour are managed.

While there has been a decrease in the number of complaints, work-related unacceptable behaviours, particularly bullying and discrimination, continue to be the most common types experienced in the workplace and satisfaction and confidence with the complaint process remains an area of concern. Women continue to experience unacceptable behaviour at higher rates than male counterparts and females are twice as likely to experience sexual-related unacceptable behaviour.<sup>49</sup>

50. Pathway to Change 2017–2022 identified six enterprise-wide culture priorities:
- leadership accountability
  - capability through inclusion
  - ethics and workplace behaviours
  - health, wellness and safety
  - workplace agility and flexibility
  - leading and developing integrated teams.<sup>50</sup>

51. This second Pathway to Change relied on Defence groups and services to identify culture gaps and ‘scope, develop and implement initiatives tailored to their context’.<sup>51</sup>

## Pathway to Change 2017–2022 program did not significantly improve the culture

52. Each of the Pathway to Change 2017–2022 cultural reform priorities were assessed based on the change in workplace survey results over that period. It used a ‘traffic light’ rating scale, set out in Table 7.2.

**Table 7.2. Pathway to Change 2017–2022 ratings**

Rating	Survey results	Indication
Very effective culture	Over 90% of the workforce reported a favourable rating	Very effective
Effective culture	76–90% of the workforce reported a favourable rating	Effective
Monitor culture	61–75% of the workforce reported a favourable rating	There might be some issues; must be monitored
Explore culture	41–60% of the workforce reported a favourable rating	Indicates there is a problem
Culture alert	Under 40% of the workforce reported a favourable rating	Raises the alarm for culture alert

Source: Exhibit O-01.021, Department of Defence, Pathway to Change Measurement Model, 2021, DEF.1269.0003.0980 at 0984.

53. Table 7.3 shows the 2022 culture ratings for each service against each of the six Pathway to Change priorities.

**Table 7.3. Pathway to Change 2017–2022 service-level results**

Priority	Air Force		Navy		Army	
	2022 results	Change from 2017	2022 results	Change from 2017	2022 results	Change from 2017
Capability through inclusion	73.5%	+22.0%	70.7%	+21.9%	72.3%	+22.3%
Ethics and workplace behaviour	73.5%	-1.4%	71.5%	-0.3%	72.0%	+0.6%
Leading and developing integrated teams	69.6%	-0.7%	66.1%	-1.8%	68.1%	+0.2%
Leadership accountability	58.6%	0.0%	56.9%	-2.1%	54.7%	+1.1%
Health, wellness and safety	58.5%	-10.0%	54.8%	-10.5%	54.8%	-9.8%
Workplace agility and flexibility	42.8%	-2.0%	39.5%	-2.7%	40.9%	-3.0%

Source: Exhibit 87-01.016, Hearing Block 12, Department of Defence, *Pathway to Change Monitoring and Evaluation Dashboard Enterprise Tailored Report*, August 2023, DEF.1269.0003.0012 at 0015–0020.

54. Concerningly, none of the services achieved a ‘very effective’ or ‘effective’ rating in any of the priorities. Three priorities (‘capability through inclusion’, ‘leading and developing integrated teams’ and ‘ethics and workplace behaviour’) were rated ‘monitor culture’. ‘Leadership accountability’ and ‘health, wellness and safety’ were rated ‘explore culture’ (the second-lowest rating, indicating a problem). ‘Workplace agility and flexibility’ were at ‘culture alert’ in the Navy and Army, and only marginally better in the Air Force. The only marked improvement was in ‘capability through inclusion’, where all services achieved comparable increases of 20% or more.

### **‘Health, wellness and safety’ and ‘leadership accountability’ results declined in all services**

55. Many of the metrics for health, wellness and safety align with risk and protective factors for suicide and suicidality. Results for this priority dropped by approximately 10% in each service between 2017 and 2022, and it had the second-lowest rating (‘explore culture’).<sup>52</sup>

56. The metrics used to measure health, wellness and safety include belief in making a complaint and trust in the complaints system; individual and workplace morale; team and organisational risk management; work–life balance; and workload pressure.<sup>53</sup> These align to certain risk and protective factors for suicide and suicidality, including:
- ‘institutional betrayal’ following sexual misconduct, which is defined as ‘harm caused by an institution to an individual in the context of trust and dependence’ – in other words, when a member feels let down by the system that is meant to protect them<sup>54</sup>
  - ‘higher unit morale’ and ‘lower levels of negative interactions with others’ were associated with ‘fewer symptoms of psychological disorder’<sup>55</sup>
  - ‘occupational burnout and increased operational stress’ (this was identified as particularly relevant for active-duty drone operators).<sup>56</sup>
57. These specific issues are discussed in detail in Chapter 9, Unacceptable behaviour and complaints management, Chapter 8, Military sexual violence, and Part 5, Health care for serving and ex-serving members.
58. The ‘leadership accountability’ priority rating also indicates a problem (see Table 7.3). One of its metrics is ‘senior leader accountability’, which declined ‘especially within the services’.<sup>57</sup> Between 2017 and 2022:
- positive responses by Air Force personnel fell the most (18 percentage points), from 55% to 37%
  - positive responses by Navy personnel had the second-highest fall (17 percentage points), from 46% to 29%
  - positive responses by Army personnel had the smallest fall (15 percentage points), from 45% to 30%.<sup>58</sup>
59. The issue of leadership accountability is discussed in section 7.3.2.

## Defence Culture Blueprint 2023–2033

60. The Defence Culture Blueprint 2023–2033 is the next enterprise-wide cultural reform strategy. The Culture Blueprint aims to:
- improve the experience of personnel in Defence workplaces; build on the momentum gained under the Pathway to Change strategies; deliberately build good culture, and ultimately enhance Defence capability.<sup>59</sup>

61. The Culture Blueprint's strategic vision is for 'a culture that values our people and services to defend Australia'.<sup>60</sup> It has six objectives that signpost how Defence will achieve the vision:
- Defence prioritises people and culture to deliver on the Defence Mission.
  - Defence is aligned and connected in driving cultural change.
  - Defence is diverse and inclusive.
  - Defence Culture contributes positively to individual, team, and organisational resilience and wellbeing.
  - Defence values the contribution of ADF, APS and Industry in achieving the Defence Mission.
  - Defence is recognised by the government and the public as a trusted national institution.<sup>61</sup>
62. Defence has stated the strategic objectives of the Culture Blueprint are:
- structured to position culture as a critical asset to capability, to provide constant attention and regular investment in culture, and to place people at the centre of military and enterprise capability.<sup>62</sup>
63. The Culture Blueprint has partially addressed some Pathway to Change shortcomings:
- There are clear accountabilities across Defence and at every level of leadership.<sup>63</sup>
  - A central Culture Hub has been established to support ongoing research and evaluation.<sup>64</sup>
  - Defence is establishing a baseline dataset to measure change over time.<sup>65</sup>
64. However, we have identified significant deficiencies that must be addressed for meaningful change to occur. These are discussed further in section 7.2.

## Service-specific culture statements and shortcomings

65. In addition to the Defence-wide culture strategies, each service has a specific culture statement that forms part of the 'visible' elements of ADF culture.
66. *Next Generation Navy 2024–2027* aims to 'help deliver a Navy that is achieving Maritime and Joint Integrated Outcomes in a productive and positive manner; not at our People's expense'.<sup>66</sup> It focuses on people, teams and leaders.<sup>67</sup> Previous Navy culture statements have 'concentrated on Navy's broader culture', but the current iteration is focused on 'Navy's micro-cultures', or the 'teams within teams'.<sup>68</sup> The statement includes a 'high functioning teams framework' aimed at enhancing 'micro-cultures that demonstrate honest and transparent communication, mutual respect, and trust across all ranks' so that members can 'thrive, not simply survive'.<sup>69</sup> The focus on micro-cultures and the aspiration to create conditions in which members can thrive is a positive and welcome development.



67. Good Soldiering is the Army's 'cultural optimisation initiative'. It emphasises Defence's values and behaviours alongside Army Teaming Command Themes of people, preparedness, profession, potential and partnerships.<sup>70</sup>
68. Our Air Force, Our Culture is the Air Force's 'strategic statement of intent' about culture. It is based on five 'measures of Air Force culture – air-minded, values-based, inclusive, resilient and consistent'.<sup>71</sup> The guidance to commanders specifically states it 'is not a program or project'. Instead, it is commanders' and leaders' responsibility to determine how best to achieve the cultural intent 'in your own context and within your own resources'.<sup>72</sup>

## **Service-specific surveys and evaluations**

69. In addition to the Defence-wide workplace surveys, each service uses different instruments and methodologies to assess the extent their strategies change the culture. These differences make it difficult to compare the results across services. However, they demonstrate each service needs specific cultural improvements.
70. The Navy undertakes an Organisational Culture Inventory and Organisational Effectiveness Inventory every 3 years. The 2021 inventory recorded the lowest scores for job selection and placement (that is, the extent to which people are matched with jobs based on rational and objective criteria) and feedback (that is, the degree to which members are provided with information about their performance).<sup>73</sup> It found the Navy's operating culture was:
- oppositional (aggressive/defensive), which involves expectations for opposing the ideas of others, pointing out flaws, and making 'safe' decisions
  - avoidance (passive/defensive), which involves expectations for being non-committal, never being blamed for mistakes, and staying out of trouble.<sup>74</sup>
71. The 2021 inventory highlighted the largest gaps between the Navy's current and ideal culture were in thinking in unique and independent ways, enjoying work, being open about self, accepting the status quo, fitting into the 'mould' and treating rules as more important than ideas.<sup>75</sup>
72. It is positive that the Navy is undertaking regular and robust cultural assessments. However, the results show significant work is needed to build a culture that:
- provides and values regular feedback, and sees constructive criticism as an opportunity to improve rather than feeling blamed or targeted
  - is open to change and innovation rather than being risk-averse and concerned with maintaining the status quo.

73. The Army undertook an initial evaluation in 2020 that focused on ‘the prevalence of Army teaming behaviours and trust’. However, it was based on qualitative interviews with a small number of stakeholders, many of whom were external to the Army (39 ADF members, including 15 from the Navy and 15 from the Air Force, and seven members of the NSW Police Force) rather than widespread internal workforce surveys or analysis of quantitative data.<sup>76</sup> Findings were generally positive, but identified cultural issues associated with career management and leadership behaviours:
- The drive to be promoted had negative consequences such as maintaining the status quo instead of innovating, which was seen to be too risky and lacking reward; pushing ‘teams too hard to get short-term wins, at the cost of morale’; and stepping ‘over each other to be identified for promotion’.<sup>77</sup>
  - The report noted that in contrast to the Navy and Air Force, ‘a requirement to be well rested in order to perform optimally would be seen as a weakness’ in the Army.<sup>78</sup>
  - There was ‘a sense that those in Army in positions of leadership may be operating with a primary aim of career advancement rather than a joint or team aim’.<sup>79</sup>
74. In the Air Force, the 2022 and 2023 Air Force Snapshot surveys asked members ‘how much current Air Force culture reflects being Air-Minded, Values-Based, Inclusive, Resilient and Consistent as proposed by the Our Air Force, Our Culture cultural intent’.<sup>80</sup> There was overall agreement that Air Force culture reflected these characteristics across both years, however:
- There was a decrease in the level of agreement that Air Force culture is resilient.<sup>81</sup>
  - There was a difference in the results between ranks – junior non-commissioned officers and junior officers disagreed the most that current culture reflects the Our Air Force, Our Culture intent.<sup>82</sup>

## Defence values and behaviours

75. The Pathway to Change 2017–2022 program introduced a single set of Defence values and behaviours. These five values are expected of all Defence and ADF personnel:
- Service: The selflessness of character to place the security and interests of our nation and its people ahead of one’s own.
  - Courage: The strength of character to say and do the right thing, always, especially in the face of adversity.
  - Respect: The humanity of character to value others and treat them with dignity.
  - Integrity: The consistency of character to align one’s thoughts, words and actions to do what is right.
  - Excellence: The willingness of character to strive each day to be the best one can be, both personally and professionally.<sup>83</sup>

76. The values are underpinned by six behaviours:
- Act with purpose for Defence and the nation.
  - Be adaptive, innovative and agile.
  - Collaborate and be team-focused.
  - Be accountable and trustworthy.
  - Reflect, learn and improve.
  - Be inclusive and value others.<sup>84</sup>
77. These values and behaviours form the basis of mandatory education and training throughout an ADF member's career. There are also service-specific awards that recognise exemplary behaviour. For example, the Chief of Army's Jonathan Church Award is 'awarded annually to junior soldiers and officers who personify compassionate and ethical soldiering'.<sup>85</sup> The 'Army Team Award – Good Soldiering' recognises soldiers and officers 'who consistently demonstrate commendable teaming behaviours'.<sup>86</sup> In Hearing Block 3, we heard how the Air Force used the 'enlisted aviator of the year' award in 2021 to reward help-seeking behaviour and celebrate the resulting improved performance.<sup>87</sup>

#### **7.1.4 ADF culture 'below the water line': A member's experience**

78. Beyond the formal culture strategies and espoused Defence values and behaviours, there are other cultural norms, values and behaviours. They are often unconscious or invisible and shape members' experiences during service, even though they may not be explicitly named or owned by the ADF.
79. The cumulative impact of these cultural norms, the deep commitment to serving Australia and the personal resilience displayed in the face of so much adversity is evident in the following submission from an ex-serving member, in Box 7.1, and echoes so many of the stories that have been shared with us.

### **Box 7.1 Submission from an ex-serving member – Life in the ADF**

Upon reaching the age of 21, I faced a crossroads in my career prospects. My aspiration to attend university was thwarted by my ineligibility for the Higher Education Loan Program (HECS) due to my status as a permanent resident. In my pursuit of opportunities within the oil and gas industry, I chanced upon a Navy recruitment advertisement, specifically for Marine technicians. Subsequently, within a mere three months, I pledged my loyalty to Queen and country and embarked on my journey at [redacted].

Approaching this new chapter with optimism, I embraced the challenges of recruit school and the subsequent category training. I formed lasting bonds with shipmates, participated in base rugby, and acquired a comprehensive understanding of ship engineering. My technical college graduation in [redacted] led to my posting at [redacted].

Shortly after arriving in [redacted], I received an offer to serve aboard the [redacted]. This was the opportunity I had sought, a chance to explore the world while working at sea. My tenure on [redacted] commenced in mid-2011, and I swiftly adapted to my role, demonstrating unwavering commitment to my duties.

Unfortunately, I discovered that the Marine Engineering department on the ship, contrary to my expectations, harboured a less-than-welcoming atmosphere. [redacted] had a reputation as one of the most insular ships in the fleet, a culture that had endured for years without intervention. I soon realized that if you did not earn the Favor of your superiors, you would bear the brunt of their tribal attitude. My tribulations began when I decided not to conform to seating norms in the mess. The stark division between stokers and others led to bullying and ostracism. Despite these challenges, I persevered.

The mistreatment extended beyond myself to a young female crew member who faced relentless torment due to stereotypes. Closer to the end of my tenure on [redacted], an altercation nearly escalated into a physical confrontation with a superior. Seeking relief, I turned to the ship's warrant officer to voice my grievances of bullying, ostracism, and even racial abuse directed at me for my [redacted] heritage. Unfortunately, this decision led to me being branded a whistleblower and a rumour that I had tried to expose issues within the Engineering department, further alienating me from my peers and superiors.

My next posting took me to [redacted], and despite the persistent rumours, I continued to work diligently. In 2013, I was granted a deployment to the Middle East for [redacted]. Despite the initial challenges of integration, I persevered and earned the respect of my colleagues. While the deployment was successful, the scars of my past experiences began to surface, leading to a growing sense of unease.

As I pushed my feelings aside and immersed myself in my work, a traumatic incident occurred. During an alcohol-fuelled night on board, I was subjected to a violent assault by fellow sailors. This incident was harrowing and difficult to discuss, and I am only now beginning to address it with professional help.

I was set upon by four sailors, pinned to the ground and sexually assaulted by the means of a glass bottle shoved up my anus. To this day, I don't know [why] I didn't report it.

After completing my rotation, I made the decision to extend my stay on [redacted]. At that point, I was fulfilling the role of the LS Stoker for Marine Engineering 2, which came with an increased duty allowance. This opportunity arose as our previous LS had left the ship early due to disagreements with our supervisor. I was determined to continue my career and had recognized my readiness for promotion.

Consequently, I put forth my candidacy for the promotion, despite facing some initial challenges. My journey to this point had been marred by unfavourable annual reviews due to personal dynamics within my previous team. These unfavourable reviews almost jeopardized my promotion while on board [redacted]. The promotion board for engineers was comprised of older sailors I had served with during my time in [redacted]. However, all was not lost, as I had a supportive supervisor and captain who championed my cause. They were well aware of my capabilities, which ultimately led to my promotion to Leading Seaman of the Diesel team.

Shortly thereafter, I underwent training for my ship's dive course and boarding party duties in preparation for our upcoming deployment to [redacted]. Everything was proceeding smoothly, and the ship was in excellent condition. Three days prior to our deployment, I was assigned a routine dive operation, which involved cleaning the propeller. The initial checks for the dive went well, but during the operation, I encountered technical issues with my diving equipment. I lost air from my primary regulator and had to switch to my secondary regulator as per standard procedures. However, my secondary regulator also malfunctioned, leaving me with no air.

Under the ship and running out of air, I attempted to surface, but my equipment became entangled with the ship's propeller, making it impossible to ascend. In a dire situation, I tried to use my knife to cut myself free, but due to panic, I dropped it. As I felt myself on the brink of unconsciousness, I believed my time was running out. Just in the nick of time, LS [redacted], my diving partner, checked on me and saw the critical situation. He swiftly provided me with his air source, cut me free from the entanglement, and brought me safely to the surface, saving my life.

... My deployment, overall, was successful, and my experiences with the ship's company and engineering department were vastly improved. It seemed like my fortunes were finally changing for the better. However, my luck took a turn for the worse when I suffered a severe ankle injury during physical training on the ship. This injury necessitated my evacuation from the deployment and return to Australia for medical treatment. After weeks of transit through various locations in the Middle East, I finally made it back to Australia and was granted convalescence leave in [redacted] with my family.

During this period, I faced significant challenges, including managing pain with tramadol, which led to a growing dependency, and using alcohol to cope with depression. Both my family and I noticed changes in my behaviour. Despite these difficulties, I persevered and gradually regained my health. I returned to [redacted], and was eventually reinstated to medical category one.

A turning point came when I received an opportunity to join the clearance dive team at [redacted] as the team engineer. It was a dream assignment, and I enthusiastically embraced the chance to work in a different capacity.

Unfortunately, this would mark the beginning of the end of my naval career. In late 2016, the team was deployed to [redacted], and I was selected to accompany them as the boat stoker. The experience was exceptional, and I was committed to maintaining my physical fitness during the deployment. While in [redacted], I purchased supplements, including protein, creatine, and some natural testosterone boosters, from a local store near the base. Unbeknownst to me, one of these supplements contained substances on the WADA [World Anti Doping Agency] and ASADA [Australian Sports Anti-Doping Authority] banned list.

Upon our return to [redacted], the entire dive team was subjected to a supplement test, as there were suspicions of anabolic steroid use among some members. Unfortunately, I was caught up in this situation and tested positive for an estrogen blocker, which was present in the supplement I had acquired overseas. My diving partner, who had taken the same supplement, miraculously did not test positive.

Due to my oversight in not thoroughly researching the supplement's contents, I was placed in a precarious position. I was given a 20-day period to provide a justification, but my case was ultimately dismissed, and the commanding officer did not support me. Consequently, I was discharged from the Navy, alongside another sailor who had been using steroids. This marked the end of my career in the Royal Australian Navy.

... my departure from the Navy marked one of the most emotionally challenging moments of my life. The journey within the service had been one of unwavering dedication and perseverance in an effort to establish a lasting legacy. Regrettably, all my endeavours seemed to culminate in an abrupt and unrewarding conclusion. As I was directed to surrender my identification at the front security gate, I realized that I was exiting the military with minimal acknowledgment or gratitude.

I distinctly recollect the sense of isolation I felt as I left the base, navigated through the security protocols, and contemplated the finality of my departure. There were no expressions of appreciation, nor any recognition of my years of diligent service. I was unjustly stigmatized at the time due to a supplement I had taken, despite my unyielding commitment and resilience throughout numerous personal challenges. It was disheartening to find myself reduced to a mere statistic, seemingly discarded by an organization that I had faithfully served.

In contrast to the support systems, I've learned about in more recent times, the assistance I received prior to my exit was notably inadequate. It felt as though I had been left to fend for myself, with minimal guidance or resources to aid in my transition. I'm aware that military support mechanisms have evolved in the years following my departure, and I earnestly wish I had access to such resources after leaving the Royal Australian Navy.



The subsequent years proved to be an arduous journey. I relocated to [redacted] and found employment in the mining sector. A brief interlude in Canada followed, spanning two years in an attempt to escape my past. Unfortunately, the unresolved issues from my military service eventually caught up with me during my time abroad, leading to a pattern of excessive alcohol and drug consumption. Rock bottom was reached one night, after a reckless cocaine binge, as I contemplated ending my own life in the early hours of the morning. My despair was overwhelming, and my attempts to reach out to Canadian veteran hotlines proved fruitless. It was only my desperate call to my mother that set the wheels in motion for assistance. She promptly connected me with the Veteran and Veterans' Families Counselling Service (VVCS), which provided invaluable support through online video counselling sessions. Over time, I began the journey towards recovery, eventually returning to [redacted] after two tumultuous years in Canada.

I embarked on a new career with a mining technology company, which unexpectedly led to significant challenges related to my mental health. Past traumatic experiences resurfaced regarding the near-death incident while working underground. Ultimately it left an enduring mark on my psychological wellbeing. Despite my efforts to persist in the role, my mounting anxiety and fear of going underground ultimately necessitated my resignation after a year of employment.

On a positive note, during one of my assignments in Queensland, I crossed paths with a wonderful woman, and our connection blossomed into a lasting relationship ... After six years, I was granted a Class B pension and received support from the Department of Veterans' Affairs (DVA) for post-traumatic stress disorder (PTSD), major depressive disorder (MDD), as well as various physical ailments, including back, leg and ankle issues. I am profoundly grateful for this assistance, which has enabled me to pursue my lifelong aspiration of studying a Bachelor's degree with Honors in Mechanical Engineering ...

However, I must emphasize that the experiences of bullying, harassment, and sexual assault I endured during my time in the Navy should never be tolerated. The most poignant aspect of my military departure was the profound lack of support and acknowledgment. The emotional toll has been substantial, and it requires a daily commitment to maintain my well-being. While I appreciate the assistance I now receive, the six-year journey to this point has been a taxing one.

In conclusion, despite the adversity and the feeling of being marginalized, I remain resolute in my determination to overcome the challenges life presents.

The black dog of despair will not claim victory.<sup>88</sup>

## Strengths can become weaknesses

80. Many of the ADF's cultural norms, including loyalty, sacrifice and self-reliance, are fundamental to building and sustaining military capability, and are not inherently negative. In 2021, the interim National Commissioner for Defence and Veteran Suicide Prevention observed that:

Military culture is actively fostered to prioritise a commitment to 'service before self'. There is a strong focus on developing a collective identity and interdependence, and an emphasis on building esprit de corps, or group morale. Values such as mateship and camaraderie are highly prized, and military life provides a strong sense of belonging and purpose. There is an emphasis on strength and resilience, a focus on the mission, and an established sense of order, predictability, hierarchy and self-discipline ... Defence creates and deliberately cultivates this culture, as it is necessary for effective military functioning.<sup>89</sup>

81. The *Afghanistan Inquiry Report* made similar observations about the culture of the ADF:

The failure of oversight mechanisms was contributed by an accumulation of factors, many of which are founded in attitudes which are, in themselves, commendable: loyalty to the organisation, trust in subordinates, protection of subordinates, and maintenance of operational security. However, they have fostered less desirable features, namely avoidance of scrutiny, and thus accountability. It is critically important that it be understood that not all of these themes are, in themselves, bad or sinister. There are good reasons for many of them. Their importance and benefits should not be overlooked when addressing the problem to which they have contributed.<sup>90</sup>

82. Similarly, Major General Andrew Hocking (Retd) noted in his report, *Preparing for the Future: Key Organisational Lessons from the Afghanistan Campaign*:

The ADF has strong positive cultural attributes that guide routine behaviour in barracks and fuel extraordinary achievements under the pressure of operations. These same attributes are often highly sought after at times of national crisis, such as the recent bushfires or the COVID19 response ...

Like most militaries, the ADF's cultural attributes such as a tactical focus, can-do/mission primacy, strong hierarchy/chain of command, and unit pride, are significant and longstanding organisational strengths that are well suited to the demands of combat. They have contributed to success in many battles and operations throughout our history. These attributes must continue to be fostered in barracks and on operations. However, these same attributes also come with inherent vulnerabilities, and if applied narrowly or excessively can manifest in suboptimal outcomes at the strategic, operational and tactical levels.<sup>91</sup>

83. We have seen that when certain cultural norms are allowed to flourish unchecked, they can quickly become maladaptive and result in significant harm. Tragically, in some cases, these cultural norms have contributed directly or indirectly to suicide and suicidality among serving and ex-serving members. Throughout this inquiry, many lived experience witnesses told us about the impact of ADF culture on members' health and wellbeing. Over 50% of serving members and 41% of ex-serving members mentioned culture in submissions and private sessions linked to suicidality.
84. This section is focused on how these cultural norms and values manifest during service. The impact of these cultural norms during transition and in civilian life, particularly the impact on ex-serving members' identity, is further discussed in Chapter 23, Transition from military to civilian life.
85. We recognise that every member's service experience is unique. Many members have fulfilling careers and are not subject to unacceptable behaviour, poor leadership or toxic culture. For others, their time during service is primarily marked by pain and suffering. Many experiences reflect a duality, as people acknowledge they have found their military careers enriching and rewarding but endured some form of suffering either during service or post-discharge.
86. For some members, the turning point in their experience is a physical injury. From being part of the group and thriving in their career, they are all of a sudden ostracised, bullied and feel unsupported to continue their service in a meaningful way. For others, they were 'fit and healthy' but the impact of bullying and abuse took such a toll on their mental health that they ended up being medically discharged.
87. In 2021, the Australian Commission on Safety and Quality in Health Care (ACSQHC) published a qualitative analysis that highlighted the duality of experiences among serving and ex-serving members who died by suicide. This research used 'coronial data on the National Coronial Information System (NCIS) for suicides from 2001 to 2018, and reports made to the Chief of the Defence Force for suicides of serving Australian Defence Force members from 2001 to 2018'.<sup>92</sup> Noting many had 'thrived' during their service, it said:

In many cases, the ADF member or veteran was initially well-suited for military service, as stated by inquiry officers – and their recruitment process was not investigated. There was evidence of strong pride in service, and indications that members succeeded and thrived during their service period, including on deployment. In many instances, military life provided structure, discipline and positive co-worker relationships. Accounts of thriving during service were present among serving and ex-serving members. Relevant influences on service included the meaning the individual derived from their service, satisfaction in co-worker relationships, shared team culture and security in the value of their work.<sup>93</sup>

88. However, this was not always the case:

Among the cluster of younger male recruits who died during service, DoD [Department of Defence] and coronial reports commented that the deceased was unsuited from the outset of their service ... Explicit judgements for service capacity were drawn from evidence of incompatibility with discipline, culture, and the team environment, or lacking a military standard of emotional resilience. Some cases included direct quotes from the deceased that they did not like their postings or deployment, experienced tension with command, or disliked military life. Often, such individuals had initially expected their service to be a fulfilling experience, and their subsequent unsuitability was a key contributor to their distress. The difficulty faced by these individuals adapting to the military environment was often an indicator that they were struggling with other individual or interpersonal factors.<sup>94</sup>

89. The ACSQHC noted direct and indirect links between experiencing difficulties with service culture and death by suicide:

The consequences of being unsuitable for military service were considerable, and in some cases directly linked to their death by document authors. Some who struggled with service culture or requirements appeared to develop maladaptive coping mechanisms. Use of alcohol and illicit substances, restricting emotional expression and becoming coercive towards family members were examples of coping mechanisms. Over the course of time, maladaptive behaviours might exacerbate circumstances. For example, responding to separation from family, or to not fitting in by withholding emotions might intensify the loneliness and social isolation of the suicidal individual. Maladaptive cognitive patterns were also evident in some suicide notes, such as all-or-nothing thinking or placing the blame for their distress on their command or ex-partner. Such cognitive patterns demonstrably also impeded the individual's ability to adapt or cope with adverse life events.<sup>95</sup>

90. The reporting found:

A number of members were eager to leave the ADF voluntarily. For serving members who were previously successful in service, this related to bitterness over poor treatment from superiors and work colleagues, or to a desire to 'escape' traumatic experiences of service. For serving members who struggled with service, this was the culmination of not fitting in with the social culture or military requirements. People voluntarily discharging also expressed feelings of uncertainty and failure. Members who wanted to leave ADF life were at the same time concerned about the consequences of leaving and therefore living in a state of conflict and uncertainty.<sup>96</sup>

91. The ACSQHC research revealed the 'complexity of interconnecting personal, interpersonal and systemic factors' including the 'non-linear' nature of cultural factors in relation to suicide and suicidality.<sup>97</sup> This complexity was reflected in lived experience evidence. Dr Nikki Jamieson described the range of factors she considered contributed to her son Daniel's death by suicide, including being bullied, belittled and ostracised, and 'being fearful of being ridiculed and being considered a malingerer and a failure'. Dr Jamieson highlighted the cumulative impact, noting that each of these factors 'would not have led to [Daniel's] death in isolation'.<sup>98</sup>

92. While the impact of culture is complex, research has confirmed there are direct and indirect links between ADF culture and the risk of suicide and suicidality. The ACSQHC found:

ADF culture had significant impacts, through official norms of reprimand for military misconduct and opportunities for career progression, or through concern of expressing mental health issues as weakness.<sup>99</sup>

93. This Royal Commission engaged Phoenix Australia to conduct a literature review on risk and protective factors for suicide and suicidality, including the role of ADF culture. This work complemented the ACSQHC research and lived experience evidence. Phoenix Australia found 'there has been an increased recognition of the role culture may play in the mental health and wellbeing of military members and veterans'. However, 'there has been very limited empirical research in this area'.<sup>100</sup> It said:

The lack of empirical evidence from an Australian context makes it difficult to capture an accurate picture of the true components of ADF culture and what impacts they may exert. The commonalities of military cultures across the Five Eyes nations, however, where there has been greater empirical focus on this question, allow for those findings to inform understanding within the Australian context.<sup>101</sup>

94. Phoenix Australia confirmed there is emerging evidence linking elements of military culture, many of which are traditionally masculine, with risk of suicide:

Military culture is complex and evolves over time in the context of both societal and workforce changes. In Australia and internationally, military culture is underpinned by a range of common values and ideologies, with many that are traditionally masculine. While there is a lack of consistent evidence regarding the association between military culture and suicide, there is emerging evidence that certain military and masculine values and ideologies may have both direct and indirect associations with suicide risk.<sup>102</sup>

95. The following sections explore members' experience of ADF culture. It looks in particular at those cultural norms, values and behaviours that are invisible and exist 'below the water line'.

## **Loyalty, teamwork and tribalism**

96. Three aspects of ADF culture that are all-pervading are loyalty, commitment to teamwork and tribalism.

## **Loyalty and teamwork are fundamental to building military capability**

97. Loyalty and teamwork are fundamental to building and maintaining military capability and combat effectiveness. Their importance is reinforced throughout a member's career. In many ways, this reflects the unique levels of risk and danger to which members are subjected. During operational activities and in combat, ADF members' reliance on each other is often a matter of life or death, which means trust and loyalty are paramount. Associate Professor James Connor teaches at the School of Business at UNSW Canberra, including a course on organisational behaviour at the Australian Defence Force Academy (ADFA). He gave the following explanation:

A fundamental question for all militaries across all time is cohesion which, at its simplest, is, how do you get soldiers to fight? The answer to that question has been for a very long time about what we might phrase as social cohesion. So you strongly bind the group of soldiers together so they will look after each other and go to the extremes of war fighting and killing other human beings in the protection of each other.<sup>103</sup>

98. The Army strongly emphasises the importance of teamwork during recruit training. Members are told they 'cannot pass without it', and their fellow recruits 'may save your life one day'.<sup>104</sup>

## **Don't cross the road or jack on your mates**

99. One of the most significant cultural drivers of not reporting unacceptable behaviour is often referred to as 'the code of silence'. It is inextricably linked to the importance and value placed on being loyal to your unit, no matter what. Associate Professor Connor gave evidence about the risks that arise when this loyalty goes unchecked:

The ... risk that we see is over-connection to other soldiers, too much loyalty of course, has been very well highlighted by the Brereton Report, recently in terms of covering up alleged war crimes as well as sticking by and looking after your mates no matter what. This idea that you don't rat on fellow soldiers, you don't go jack, is a fundamental military tenet, and it is one thing that is socialised so strongly into our soldiers, sailors and aviators that even the first years here at ADFA know full well that the punishment for going jack is that you will get targeted, and you will get socially ostracised and you will get punished for speaking out. What this means is that most things stay in-house. It becomes impossible for the victim to speak up, they don't have any support amongst them, and that leaves them in a deeply vulnerable space.<sup>105</sup>



100. The former Sex Discrimination Commissioner, Ms Elizabeth Broderick AO, highlighted the strength of cultural norms associated with loyalty, and what happens when it is breached. She gave evidence about cadets' experience at ADFA:

The idea that you don't jack on your mates is really about a culture of silence, because if something happens to you in the team then ... you can speak out about it, but speaking out comes at huge personal cost, that's a cost to your reputation, it's the cost that you may be victimised or ostracised. You will actually be put outside the group ... I think the biggest sin is selling out on your mates, because you are all living together. If you sell out on one of your mates, you're gone.<sup>106</sup>

101. While the importance of loyalty is emphasised early during training, it continues throughout military service. In Hearing Block 3, 'SY5', an ADF member, told us about the strength of this cultural norm that militates against reporting bullying and other forms of unacceptable behaviour:

I really tried to resolve that [i.e. being bullied] myself ... Defence is a unique situation ... you can't dob, so to speak ... I knew that if I couldn't resolve it myself, that I was in trouble ... that there was going to be a problem.<sup>107</sup>

102. Then Sex Discrimination Commissioner, Ms Kate Jenkins AO, confirmed there is often an expectation that unacceptable behaviour should be tolerated rather than reported:

if I think about the work that we have done with Defence, we have heard responses or resistance to complaints, really dismissing and ignoring concerns or complaints about unacceptable behaviour, sexual harassment, bullying, as something that is counter to this, sort of, expectation that people working in Defence should be resilient, they should tolerate unacceptable behaviour in some ways, that that's part of a test of their quality or their ability to work in that organisation ... it is almost disloyal and stepping outside the team to be complaining, and that you are not able to not just handle whatever is said to you, but you are not actually able to perform the role of someone working in Defence.<sup>108</sup>

103. The cultural norm of not jacking (or dobbing) on your mates is deeply entrenched in the ADF's history. It has been highlighted by numerous inquiries and reviews into ADFA and the ADF over the past 30 years.

104. The 2014 Defence Abuse Response Taskforce (DART) *Report on Abuse at The Australian Defence Force Academy* stated, 'many complainants described a culture ... which discouraged reporting and enabled the abuse to occur and remain unpunished'.<sup>109</sup> Complainants indicated they did not report abuse for reasons including:

- 'stigma and shame associated with having been abused'
- 'threats of further abuse or fear of reprisal'
- because 'staff members or more senior cadets in a position of authority were responsible for the abuse'
- an 'expectation among cadets that they would not "jack" on their mates'
- 'being discouraged or talked out of reporting by their peers'.<sup>110</sup>

105. The second DART report on abuse in Defence published in 2016 also found:

the Defence culture underpinning many complaints at the time the abuse occurred was that you don't jack on your mates, even if those so-called mates sexually or physically abused you.

This flawed and dysfunctional culture discouraged some complainants from reporting abuse and, in other cases, led to complainants who did report their abuse being further abused and mistreated, often without receiving any support from the chain of command.

On occasions, that subsequent mistreatment was worse than the initial abuse.<sup>111</sup>

106. The former Chair of the Defence Abuse Response Taskforce, Mr Robert Cornall AO, gave evidence about cultural factors in abuse examined by DART; that is, abuse that occurred prior to April 2011:

Look, to put it very simply, there were clashing cultures, in my view. One culture was, probably going back to the ANZACs that you support your mates under any circumstances, no one is left behind, we put our life on the line for each other if we have to, which is a terrific culture in the Defence Force. Unfortunately, in the Taskforce, it was also clear that there is an equally strong culture that you don't dob on your mates, even if your mate has just raped you and committed a very serious criminal offence on you. And time and time again in the Taskforce, we had cases where people made a complaint about a very serious abuse, and they were then basically bullied, harassed, isolated, ostracised until they left Defence and that was a very common story, and I just can't reconcile those two cultures.<sup>112</sup>

107. This was consistent with the findings of a review of ADFA culture in the 1990s conducted by a Defence official, Ms Bronwen Grey (the 'Grey Review'). It described the 'holy trinity' for cadets as being: 'loyalty to the "corps"', 'don't jack on your mates' and 'don't cross the road' (that is, take a complaint about another cadet to staff). The DART report noted this culture 'has continued to exist at ADFA well into the 2000s'.<sup>113</sup> Similarly, as noted in the *Report on Abuse at the Australian Defence Force Academy*:

a key finding of the Bastian Inquiry Report in 2009 was the continuing culture of a 'code of silence' ... that led to 'a skewed sense of loyalty amongst cadets and placed the protection of their colleagues above ADFA values, instructions and orders', resulting in under-reporting of abuse.<sup>114</sup>

108. Ms Alexandra Shehadie, who assisted in the 2012 Review into the Treatment of Women at ADFA, gave evidence this cultural norm is widespread. Ms Shehadie said 'it's in all the colleges and recruit schools, the sense that you don't jack on your mates or you don't dob on your mates at all, and then in the ADF as well'.<sup>115</sup>

109. The 2016 Review of allegations of sexual and other abuse in Defence also made general findings about systemic risk factors contributing to abuse in Defence environments, including a culture that discouraged the reporting of abuse.<sup>116</sup> The 2023 Defence Respect@Work Framework confirms similar systemic risk factors still exist today:

In addition to the personal reasons people chose not to report ... the following factors discouraging reporting have been found in Australian and international Defence environments:

- military cultural norms that ‘you do not jack (or dob) on your mates’; that you ‘maintain solidarity at all costs’; and ‘have each other’s backs’ ...
- fear of victimisation from peers and supervisors, and of being ostracised and punished.<sup>117</sup>

### **Tribalism is fostered to reinforce team bonds**

110. Underpinned by the concept of loyalty, tribalism is seen as fundamental to combat effectiveness. Competition between groups is encouraged to increase performance. Mr Peter Dunn AO (Major General Retd) gave evidence that tribalism exists between the services:

Tribalism is absolutely rife; that’s, if you like, the nature of the beast. You could wake up tomorrow morning and not have an Australian Defence Force, but I don’t think you could wake up comfortably and not have an Army or a Navy or an Air Force. They are the institutions. The Australian Defence Force isn’t the institution in the same way.<sup>118</sup>

111. Associate Professor Connor gave evidence about the importance of tribalism:

Tribalism is ... the same patterns of cultural conduct or activity, which are about how and why people become soldiers, sailors and aviators within the ADF, and what are the cultural practices that they engage in to cement themselves as worthy members of that organisation.<sup>119</sup>

112. Associate Professor Ben Wadham talked about its associated risks:

It’s the idea that you will bond together with a particular group and resist any others that don’t fit the cultural environment that you want to sustain and create. Tribalism works for militaries when you have a common enemy, but on the ground in general internal relations, you can use it for competition and improving performance but at the same time it creates all the potentials there for the internal violence ... Tribalism occurs strongly within the command as well. At its greatest form, it is military versus civilian, as one form of rivalry it is defence versus the executive government. These competitions and resistances ... are generated out of this kind of particular rationality that generates the idea that your group is the best at all costs and other people don’t deserve to be part of it.<sup>120</sup>

113. Ms Broderick noted tribalism was common to military cultures in other Five Eyes nations, and is linked to hyper-masculinity (discussed further in ‘Traditional masculine ideals and military culture’):

We saw it [hyper-masculinity] in different militaries around the world in our communications with them and also in the international research we did. But what we found is that in military cultures, irrespective of the nation, although I am talking more now about coalition militaries, so ones which are similar to us, there is a strong sense of tribalism which sometimes you don’t see in other environments. It is really part of a hyper-masculine culture and it is a perspective that sees the team to which you as an individual belong as better than other teams in the organisation. I think it is particularly the case in the military because team members are bonded by such a strong commitment to mission but also the connections they have with each other in that tribe, so to speak, or that team are very strong and intense because potentially they could face the risk of death as well.<sup>121</sup>

114. Ms Broderick noted tribalism has both positive and negative consequences. The latter include an unwillingness to report unacceptable behaviour:

[W]hen you look at tribalism, how it plays out, there’s a lot that’s really fantastic about being bonded as part of a team. But when you see your team as better than other teams, that creates an additional reinforcing mechanism which makes it even more harder to speak out because you are going to speak out against your own team in a way that diminishes the reputation of that team. So I think it just makes speaking out much more difficult.<sup>122</sup>

## **The ‘dark’ side of loyalty and tribalism, and the devastation of being excluded**

115. These challenges are not new. The 2011 Orme Review, which examined the causes and consequences of professional misconduct in the ADF, stated:

A root cause of poor conduct in the ADF (when it occurs) is, paradoxically, also a driver of exemplary performance and cohesion in military culture. The military has a ‘tight’ culture where shared identity, clear norms and role requirements, and social stratification are exercised in a predominantly male culture, with often strong sanctions for deviations. Social stratification coupled with a male-dominated cultural model can lead to multiple variations of the ‘winners’ or ‘insiders’; and ‘losers’ or ‘outsiders’. The ‘insiders’ are those who are socially strong and conform to the cultural ideal; the ‘outsiders’ are those who are judged to fail in or pose a risk for the culture or are not accepted as part of the winning group. These are generally cultural minorities such as women, ethnic members, sometimes those who are injured, or those with a different sexual persuasion. In such situations tribalism can become an extreme expression of group cohesion, in the sense of hyper-identification with a component of the organisation. This is often associated with a cultural world-view that sees things in competitive terms and regards one’s group as ‘better’, ‘more effective’, or ‘more worthy’ than others.

But while there are many advantages that are gained from team cohesion and tribalism, this need not and should not result in the marginalisation of those who do not 'belong'. Any adverse consequences associated with the negative aspects of tribalism can be minimised and managed effectively in well-led groups.<sup>123</sup>

116. Associate Professor Connor highlighted that loyalty also underpins the formation of 'in' and 'out' groups:

The dark side to loyalty is that it also needs someone else to define against, so an other. Those are the people who are disloyal or the people the group think are not worthy or as valuable. So what we see playing out within strong social bonds within military units that rely upon loyalty for that combat effectiveness is often the exclusion of other people, and that might be civilians. It is almost certainly the enemy, but it can be also those within a small group who are considered unworthy, or not as valuable, or not as useful to the group.<sup>124</sup>

117. He said:

That is because our sense of connection with others and that loyalty we have to the people around us is an extremely motivating and powerful force because you are subsumed within this group and the group is everything. You and I on the outside, it is sometimes hard to imagine how profoundly important that small unit, that small group of men that you soldier with, is, to who you are and what you do. When you are targeted as the difficult [one] or the one who is letting the team down, that social isolation and exclusion which follows from that, combined with often bastardisation and hazing and abuse to try and fix you up, that is extremely emotionally challenging and detrimental to that particular soldier, sailor or aviator. So here, we have this dynamic of loyalty being this strong emotional connection to others, that is fostered and utilised by militaries because we know it improves social cohesion and thus combat effectiveness. The desperate dark side to that is the risks that it entails.<sup>125</sup>

118. Strong team bonds coupled with the deep connection between military service and a member's personal identity mean that being excluded has devastating consequences. The Phoenix Australia literature review found that 'being immersed in military culture necessarily informs military members' identity'.<sup>126</sup> This finding is supported by Associate Professor Connor's evidence that:

your identity when you join the military is stripped from you and you are rebuilt up in the way the military wants you to be. Your new identity, who you are, you are strongly vested in becoming that, in becoming the ideal soldier. When you let other people down, when you become the ostracised one, the difficult one, the targeted one, effectively your entire reason for being your identity is now being challenged, and that sense of loss and betrayal and no longer feeling like you belong with everybody else, is truly profound, and it is extremely difficult for any of us who have not experienced that to truly understand how mentally challenging that is for them, and the consequent effects that it has in terms of suicidal ideation and what happens. Our survivors are so strong on this point about the loss of connection and identity and feeling separate and different, and like they have nowhere to go and nothing to be and no one to support them, all because of this exclusionary component, this flipside to loyalty and cohesion.<sup>127</sup>

119. The emphasis on loyalty and putting your team first was described by Dr Nikki Jamieson in regard to her son Daniel:

His loyalty and commitment to Defence was also his Achilles' heel ... Like many others, Daniel was committed to his service but because of the constant belittling and demoralisation ... he felt incredibly betrayed by those who were supposed to protect him, that didn't have his back – and this is one of the core mechanisms and indoctrination processes in Defence, you have to really understand the Defence and military ethos and training goes with that and how loyalty and commitment, you put your team first against all odds, everybody will have your back, you are dependent on them for survival. When that doesn't happen, mental health declines.<sup>128</sup>

120. Dr Jamieson then described what happened to Daniel when he no longer felt part of the group:

His feelings of betrayal and the constant belittling and demoralisation would have impacted his ability to complete things like his BFA, his basic fitness assessment. This would have spiralled his mental health further. Significantly heightened his mental health issues, that had been reported throughout his reports, and would have also heightened his own feelings of guilt and shame and not being good enough.<sup>129</sup>

...

It is also clear there was no culture that facilitated other members coming forward when they were seeing things that were happening to Daniel.<sup>130</sup>

121. It is clear that loyalty and strong bonds between team members can manifest in bullying, ostracism and an unwillingness to report these and other forms of unacceptable behaviour. Unacceptable behaviour, particularly bullying and sexual misconduct, is linked to suicide risk.<sup>131</sup> The link between unacceptable behaviour and suicide and suicidality, the prevalence of this behaviour, and the barriers to reporting are further discussed in Chapter 8, Military sexual violence, and Chapter 9, Unacceptable behaviour and complaints management.
122. Tribalism can also play a role in excluding members who raise mental health concerns. The ACSQHC suggested that:
- acknowledging mental health issues within ADF fundamentally conflicts with group identity, and ... the ensuing isolation from the group can contribute to the negative health experience of the serving member.<sup>132</sup>
123. Other barriers to seeking help for health issues (physical and mental) are further discussed below.



## ADF reviews show tribalism and its risks remain

124. Over the course of this Royal Commission, risks associated with tribalism have also been raised in reports commissioned by the ADF following the Afghanistan campaign.

125. The *Preparing for the Future: Key Organisational Lessons from the Afghanistan Campaign* report stated that:

Tribalism and unit pride are common features of military culture and are instilled early in military service. In the right measure, they contribute to esprit de corps and combat capability. However, in excess they can have negative consequences. They can create:

- overconfident leadership styles and unit cultures that lack humility and a willingness to learn from others
- barriers to diverse inputs and cooperation with ‘outsiders’
- impediments to the sharing of lessons and information
- cultures of acting in unit interests above institutional interests
- resistance to external checks and balances
- excessive loss of identity on transition out of service.<sup>133</sup>

126. To prevent this, the report recommended the ADF ‘review recruit and officer training cultures to ensure there is no promotion of ideas that ADF personnel are “better than others”’.<sup>134</sup> However, the Chiefs of Services Committee considered ‘no further action’ was required ‘given the general support from all Services and ongoing work’.<sup>135</sup>

127. Defence also developed the Defence Identity initiative as part of the Afghanistan Inquiry Reform Program, which was intended to ensure:

The problematic aspects of culture and behaviours (e.g. can-do at all costs; elitism, tribalism and ‘specialness’; and normalisation of deviance) are better understood and addressed.<sup>136</sup>

128. Defence commissioned a research report to inform this work, which stated that:

loyalty supported and enhanced development of strong group identities, but this could lead to enmities developing with groups considered to be outside, in order to strengthen in-group identity and cohesion.

...

Group loyalty has the benefits of cohesion in tactical situations but can have detrimental effects on the organisation and strategic outcomes.<sup>137</sup>

129. The report made the recommendations set out in Box 7.2.

## **Box 7.2 Recommendations from the Defence Identity research report**

Evolve Defence's narrative around ANZAC by accepting that the depiction of ANZAC is not inclusive of increasing numbers of Australians ...

Review the ADF's military socialisation practices with an emphasis on:

- assessing the differences in recruit training across the services in relation to overt and subliminal messaging regarding being elite, or superior to civilians
- assessing the overt and subliminal messaging around sacrifice in military service, in order to develop a more balanced view of sacrifice, self-sacrifice, reciprocity and rationality.

Commission further research on:

- secure and insecure group identities in the ADF
- the influence of military socialisation practices on individuals, teams and overall organisational culture
- the dynamics regarding cultural and social capital in the ADF context.

Implement steps to develop secure organisational identities at all levels by:

- identifying opportunities within Defence culture, communications and training to build individual and team resilience based on transparency, ability to withstand scrutiny, and ability to embrace and grow from negative feedback
- increasing the focus on humility in Defence communications, education and training, in order to counter any narratives of military superiority over civil society ...

Invest in models and tools that can help Defence to break the cycle of insecure identity and exceptionalism ...

Implement practices to anchor personal and group identities within Defence at the macro level, while acknowledging and nurturing the micro-level identities that remain nested in the larger organisation. This should include consideration of:

- ensuring rotation of a diverse range of personnel through niche capability areas, or alternatively creating methods for achieving wider contestability of ideas or outputs from such areas
- improving understanding at senior levels of the impact of strategic decisions or omissions, and the risks associated with these, through education programs.<sup>138</sup>

130. Defence told us the Defence Identity initiative would be closed after the research report and its recommendations were accepted:

While **closure of the initiative is dependent upon acceptance of the research report and its recommendations**, success will be measured by the implementation of those recommendations through work across the Department under clear accountability and oversight by existing governance mechanisms.<sup>139</sup>

131. In our March 2024 hearing, the Associate Secretary of the Department of Defence, Mr Matt Yannopoulos PSM, told us the Afghanistan Inquiry Program Board had already closed the initiative, but the report's recommendations had not been considered or accepted.<sup>140</sup> In April 2024, 7 months after the report was completed, the Defence People Committee considered it and agreed:

- The Defence People Group would consider the report 'when developing further Defence Culture Blueprint program materials and the next version of the Defence Culture Blueprint Enterprise Action Plan'.
- A Two Star forum will 'progress the next steps' for implementing the report, including the 'approach to publication'.<sup>141</sup>

132. The decision paper for the Defence People Committee noted that the research report's recommendations 'are based on academic research with limited Defence consultation'. None of the report's recommendations were accepted according to their terms. The next steps for implementation are vague, and most of them refer to incorporating the 'intent' of the recommendations into the Culture Blueprint.<sup>142</sup> Ongoing scrutiny is required to ensure meaningful action is taken in response to the research report.

133. The only action Defence has taken so far was to update the '2024 ANZAC Day communications to include additional accounts from a diverse range of members'.<sup>143</sup>

134. Clearly, more work needs to be done to recognise and address the risks associated with tribalism, and the ways in which ADF culture fosters group identities. This is further examined in section 7.3.

## **Sacrifice, self-reliance and service above all else**

135. Unsurprisingly, the commitment to service above all else is a strong ADF cultural norm. 'Service' is one of the formal Defence values. Throughout this Royal Commission, the deep commitment of serving and ex-serving members to protect Australia's interests has been clear. Lived experience evidence in public hearings, private sessions and submissions has demonstrated the significant sacrifice made, and how this commitment to service is integral to members' and veterans' sense of purpose, identity and self-worth. In one submission a pilot told us:

I genuinely desire to be a military aviator, to be at 1FTS [No. 1 Flying Training School], and to succeed in this aviation career path that I have chosen. I feel I have found my calling with military service; finding it an honour and a privilege

to wear the uniform and have an opportunity to be at 1FTS and flying representing the nation. I know that if I am successful to obtain wings, then this appreciation and pride will only grow, as I will have the ability during my flying career to engage with humanitarian efforts, the defence of our nation and hopefully one day be able to instruct/teach in some capacity and give back to the organisation and the next generation coming through.<sup>144</sup>

136. Another told us:

I was extremely happy and positive about my decision to enlist in the RAAF. I found that I had been growing and developing new skills and was looking forward to a full and rewarding career. I relished the regimentation and rigour that had come into my life; for the first time I felt I was somewhere I belonged.<sup>145</sup>

137. However, when expressed without limits, behaviours and attitudes related to service, sacrifice and self-reliance can cause personal harm and undermine military capability.

### **Push through the pain, suck it up and soldier on**

138. Numerous ADF policies emphasise the importance of sacrifice and the need for members to endure physical and mental hardship as part of their role. The Army training delivered at 1st Recruit Training Battalion (1RTB) explaining the 'requirements for soldierly conduct' provides an example of the types of messages members are given early on in their career:

Soldiers are expected to operate day or night, on little rest and in arduous trying conditions.

You are expected to be able to cope with the rigours of soldiering.

You will be tired, sore, uncomfortable. Set an achievable goal and work towards it.<sup>146</sup>

139. The 1RTB Trainee Code of Conduct also emphasises the sacrifice that is expected:

The oath to serve your country means that at times you may be expected to go without some of the luxuries and comforts of normal society. Your oath requires loyalty, sacrifice and dedication to duty.<sup>147</sup>

140. However, it can be challenging for members to know when to draw the line – at what point is it OK to ask for help?

141. A cadet who was bullied because she was on medical restrictions told the Defence Abuse Response Taskforce (DART), 'As the military trains us to work through pain I attempted to carry on despite the struggle.'<sup>148</sup> We received submissions echoing this sentiment:

From the moment you join the Army you are moulded into something that I can only explain as an intricate part of a large machine. Weakness is driven out [of] you and a team mentality becomes your focus. You are taught to push yourself, compete, excel and that your personal wellbeing plays second fiddle to the needs of 'the Green Machine' and those around you ... By the time I was diagnosed I was falling apart. I could not sleep. Any sleep I did get was interrupted by bad dreams relating to my deployments. I could not concentrate or focus and found that I was falling further and further behind at work. My previous reputation saw me 'performance punished' (loaded with more and more work and tasks). Family life fell apart, I was having angry outbursts and had resorted to alcohol to deal with it all. When I say resorted, I mean dependent. My alcohol use saw me often become violent and also attributed to my difficulties in keeping up with work. All of this led me into a downward spiral. For someone who always carried himself with pride because of what I knew I was capable of, I began to hate myself. I was in a constant state of despair because I could not understand what was wrong [with] me. I tried to push through the problems by working harder, doing 12–14-hour days at work but still kept falling behind. The harder I pushed, the worse it got. The despair and inner loathing increased every day, and I felt I was falling into a dark hole from which I could never climb out of. I was fearful of seeking help because of the ramifications I knew would follow. I also refused to acknowledge or accept that I was suffering mental health issues in line with everything the Army had ever taught me. I was a Warrant Officer; 'This stuff does not happen to Warrant Officers, stop being a soft cock Linger [a shortened form of the term 'malingerer'] and harden up'.<sup>149</sup>

## **Commitment to service and sacrifice affect help-seeking for health issues**

142. The Phoenix Australia literature review highlighted the connection between service, self-reliance and help-seeking:

Self-reliance is the tendency an individual has to rely on their own capabilities in problem solving or addressing issues, and to avoid seeking help from others. Within a culture that emphasises selflessness, sacrifice, and service to others, military members may be more likely to uphold the value of self-reliance as a reflection of their military identity. While holding a high level of self-reliance can be valuable in some contexts and situations and supports the military mission, it also has the potential to undermine social connectedness and help-seeking.<sup>150</sup>

143. The literature review noted there is 'limited evidence regarding the relationship between self-reliance and mental health outcomes, including suicidality, in military or veteran populations'. However, based on the evidence available, Phoenix Australia considered there is 'preliminary evidence that self-reliance may be associated with poorer mental health outcomes among males in particular'.<sup>151</sup>

144. In relation to self-reliance and help-seeking, the literature review said:

Two U.S. studies were identified that examined the association between self-reliance and treatment seeking among current serving and transitioned military members. These data provide important preliminary evidence regarding factors relevant to early intervention and suicide prevention. Specifically, self-reliance was found to be associated with reduced help-seeking due to self-stigma.

In a qualitative study of U.S. young adult military members, found that Hegemonic masculinity tenants [sic] in the military (men acting in ways that assert their gender dominance over other genders), including extreme self-reliance, were associated with internalised stigmas around seeking and accessing mental health care.

McDermott et al. (2017) explored the relationship between traditional masculine norms, war-zone service and self-conscious emotions and help-seeking self-stigma among U.S. veterans who had transitioned from service. They proposed that deployment to war zones may enhance military-congruent masculine norms such as emotional control and self-reliance (which are important for safety and effectiveness in the combat environment), which in turn exacerbated emotions such as guilt and shame and reduce the likelihood of help-seeking due to self-stigma.<sup>152</sup>

145. The Director of the Centre for Mental Health at the University of Melbourne, Professor Jane Pirkis, described self-reliance as 'stoicism and feeling like you have to solve all your problems for yourself'.<sup>153</sup> Professor Pirkis confirmed that self-reliance can affect help-seeking, and has been noted as a risk factor for suicide:

There are personality-based risk factors ... one of the other personality factors we have looked at is self-reliance as a risk factor. Although you would think that being self-reliant is a good quality, and it definitely is in lots of circumstances, it does perhaps mean that if someone is not travelling so well, then they are less likely to reach out for help. A person who has a particularly self-reliant personality may also be at heightened risk of suicide.<sup>154</sup>

146. Consistent with the Phoenix Australia literature review, Professor Pirkis noted self-reliance was associated with masculinity, and was one of the masculine norms 'that really stood out as being highly correlated with suicidal thinking'.<sup>155</sup> We examine this further in 'Traditional masculine ideals and military culture'.



## Don't be a malingerer

147. Malingering is an offence under the *Defence Force Discipline Act 1982* (Cth).

A member commits the offence of malingering if they:

- injure themselves or aggravate an existing injury to render themselves 'unfit for duty or service', or
- falsely represent themselves to be suffering from a physical or mental condition with the intent to avoid duty or service.<sup>156</sup>

148. In other words, an accusation of malingering means someone thinks you're 'faking it' or you've injured yourself on purpose to avoid certain duties. It is linked to the notion there should be no limit to personal sacrifice, and under no circumstances should you let down your team. While self-reliance can restrict someone's willingness to seek help, the fear of other people's reactions can be just as powerful.

149. The 2014 Defence Abuse Response Taskforce (DART) report on abuse at the Australian Defence Force Academy (ADFA) said 'malingerer' was:

a derogatory term used to describe cadets, predominantly female, who do not or cannot meet acceptable standards of physical fitness, academic, military and/or social performance. The cadet may be on some form of medical restriction and other cadets perceive that the cadet has faked the illness or injury or should have recovered, irrespective of the gravity of the original illness or injury.<sup>157</sup>

150. The DART report stated a significant number of male and female ADFA complainants said they were called names, including 'malingerer', and received:

negative comments about being 'below standard', or were otherwise teased or harassed because they were absent or unable to participate in physical training, drill, sports or other exercises or aspects of their studies due to a medical condition or injury.<sup>158</sup>

151. The DART report found this also worsened their injuries:

In some cases, complainants who were harassed and bullied by other cadets and staff members because of their medical restrictions reported that because they felt pressured to participate in training or other physical activities while at ADFA, this had worsened their condition or injury. Some of these complainants told the Taskforce of subsequently requiring surgery or long-term medical treatment for years afterwards.<sup>159</sup>

152. We heard a range of evidence about the use of the term 'malingerer' in the ADF today. Brigadier Kahlil Fegan DSC said calling someone a 'malingerer' is a form of unacceptable behaviour and would be 'dealt with' by leaders.<sup>160</sup> Captain Moses Raudino CSC ADC RAN said he had never 'had cause to use [the term 'malingering'] in a professional context'.<sup>161</sup>

153. Professor Brad Murphy OAM, Adjunct Professor at the Centre for Indigenous Health Equity Research at Central Queensland University, and a member of Royal Australian College of General Practitioners, Chapter of Military Medicine and Veteran Health, gave evidence that:

when you're serving ... there is a huge risk of attending the RAP [regimental aid post] or the sick bay for injuries because ... the risk of being stigmatised ... as being a malingerer is really strong.<sup>162</sup>

154. Lived experience witnesses spoke about the impact of being called a malingerer, which was applied to both men and women. Dr Nikki Jamieson told us about her son Daniel's experience. She said being labelled a malingerer is 'the worst possible form of threat somebody can put on another person' in service. Dr Jamieson said 'it is incredibly stigmatising and most members of Defence will avoid that term as far as they possibly can'.<sup>163</sup> She said it was a factor in Daniel's death by suicide:

What led to his death and the significant contributing factor in his death was the endless torment of being bullied, belittled, ostracised and targeted by certain members of his chain of command. He was fearful, he reported being in fear of going to work. He was fearful of being ridiculed and being considered a malingerer and a failure. Not only was this investigated and reported, but this was actually reported by the very person abusing him. There was no independence in this process, there was no transparency and impartiality. This treatment heightened his mental distress, his moral trauma, his distrust and isolation, leaving Daniel feeling like he was trapped with nowhere else to go but suicide.<sup>164</sup>

155. Ms Alexandra Bailey's sister, Teri, also died by suicide. Ms Bailey described Teri's experience after dislocating her knee while serving in the Navy and being called a 'malingerer' and 'sea dodger':

She was bullied about her injury. She was made to believe that she was ... weaker ... that affected her a lot because she was very motivated and determined in her career ... She felt a lot of pressure to heal quickly ... She was very distressed by the bullying and ... she had to march everywhere while she was on base ... and she said that was really stressful on her knee.<sup>165</sup>

156. We heard that when Ms Teri Bailey reported the bullying to her petty officer, she was told to '[s]hut the fuck up, get out of my office or I'll break your other leg and throw you overboard'.<sup>166</sup>

157. Submissions have also demonstrated the impact of being called a malingerer, including being isolated from peers, poor mental health and suicidality:

I was treated as a malingerer when I became unwell, including when I had rhabdomyolysis from a very hard PT [physical training] session ... I was given a jug of water for treatment from [redacted]. When I complained I couldn't sit up from a hunched position and couldn't move my arms from a curled position, I was given a straw. I was put back into physical training two weeks after having

rhabdomyolysis and although I had not fully recovered. I was laughed at as I couldn't perform the physical tasks, such as a basic arm hang. I was threatened if I didn't attend PT, I would be treated as being AWOL. I couldn't straighten my arms or back and had tingling and pins and needles in my arms. And when I would turn up to sick parade, I was always frowned upon and treated with utter contempt. Even if my blood tests confirmed my diagnosis of rhabdomyolysis.<sup>167</sup>

158. One submission described how members accused of malingering are 'shunned':

Defence actively holds a culture of shunning members who are deemed by their peers/supervisors [to be] 'malingering' (shortened to 'linger' in the service). In short, this is the act of faking an illness or injury to avoid aspects of duty. This is obviously almost impossible to prove/determine between individuals which leads to a 'shotgun effect' where any member who experiences an injury is almost immediately labelled a 'linger' by their peers/chain of command and even personnel they previously considered their close friends. While this ranges from playful banter to direct accusations, it leaves members feeling isolated. This stretches into physical isolation as members who are injured or downgraded are immediately segregated from their peers with extra punishment duties or detachments for less able peers, which are almost always seen negatively. Overall, this leads to diminished mental health.<sup>168</sup>

159. Another submission described injuries being equated with weakness, telling us there is:

a general culture within Army that injury of any kind is a sign of weakness, with those carrying long-term injuries referred to as malingerers; or 'Lingers'. These individuals are generally shamed and ridiculed. Anyone who presents with or shows any kind of mental illness suffer the worst. Individuals find that they become disowned, ostracized and treated like a leper. The Army has no tolerance for mental health issues. It is for this reason that members suffering injury, particularly mental health issues, do not report it and just try to soldier on. Fear of persecution and saying goodbye to your career are massive motivators for hiding, and as I found out, manifesting mental trauma.<sup>169</sup>

160. Concerningly, another member felt the fear of being labelled a malingerer was a contributing factor to being sexually assaulted:

The same week, I was injured on duty, during a PT session. Immediately, I was pressured to quit and additionally to avoid appropriate medical care so as not to be labelled a 'squeezer' or 'malingerer'. The fear of being labelled and ostracised, the fear of failure and having to repay a ROSO [return-of-service obligation] was drilled into me. That fear, along with my physical injury, led to grooming by a [redacted] cadet that culminated in an indecent assault and acute anxiety impacting my studies. That anxiety, in turn, led to grooming by a [redacted] pilot that culminated in rape at the end of my first year.<sup>170</sup>

161. Another described the impact of being called a malingerer on their mental health:

I was injured not long after I joined and med downgraded as a result. I was constantly berated and made to feel like I was not pulling my weight. 'Malingering' was a term that was constantly thrown around. This impacted severely on my mental health and I constantly felt like I had to hide my injuries and get back to full med grade so I could become one of the team. Hiding these conditions taught me to hide the mental health side of things from my wife, which lead me to drinking, which lead to the breakdown of my marriage, which [led to] more drinking.<sup>171</sup>

162. One member felt the impact of being labelled a malingerer until the end of their career in the ADF:

I was known among my peers as a hard-working soldier. I had a back injury, which was debilitating, and not only was I not offered any time off work for recovery, I was called a 'linga' because I was not deployable briefly. This followed me all the way to my discharge despite being promoted and deployed as 2IC [second-in-charge] after the pain became bearable enough to pretend I was ok because I wanted the bullying to stop.<sup>172</sup>

163. The offence of malingering and surrounding stigma is discussed in Part 5, Health care for serving and ex-serving members.

## **Concealing health issues is also linked to deployment and career prospects**

164. Cultural norms have a significant influence on members' decisions not to disclose physical and mental health issues. These decisions take into account concerns about deployment and broader career prospects.

165. Members told us in submissions of their concerns about hurting their ability to deploy if they sought help for health issues. One member told us about the impact of mental health issues preventing deployment, which resulted from being abused by members of the chain of command and subsequently misdiagnosed:

By this stage I realised that if I did not accept the misdiagnosis of BPD [borderline personality disorder] I was going to have issues with my health and career. I requested to come off medications in a controlled environment and they finally agreed if I had weekly check-ups. After a few months I was medication free and coping better. I managed to keep out of the spotlight and return to full duties. I then posted to [redacted]. I was still medication free and was in the process of ceasing specialist appointments regarding mental health. The only time I thought about the past was when I engaged with DART. From time to time, other members spread stories about my suicide attempt and my past. That continued to make life difficult. While being posted [at redacted] I was told I would be stopped from being put on deployments due to my past.<sup>173</sup>

166. Another member told us they ceased their medication to be able to deploy:

The only flaw of this medication is Defence restricts any member from being deployable whilst prescribed, which only created a greater stress on myself to think I may never be capable of proceeding to sea again. I took it upon myself to speak to a medical professional friend outside of the military that detailed a large number of professionals consistently take the same medication for the same reasons and carry out their careers easier than they had. [S]he described professionals such as lawyers, surgeons, demolitions experts etc. I have since ceased taking the medication at my request to a Defence doctor, but simply so I can continue to serve my country. I have seen a number of attitude and personality changes in myself and feel that I am slowly 'falling' into the mental hole I was in 4 years ago, but push through just so I can achieve my career goals in the military. I fight every day with my mental health, few things help, I love my job and want to serve and deploy but I fear without this medication I will find myself sitting ashore or medically discharged. If I continue to take the medication my job comes to a standstill and there is no progression, just another reason to drive my mental health down. A prescription drug that positively creates a good mindset, a positive person happy to work and a member who no longer deals with as I describe a 'scrambled' mind, yet for no reason not allowed to deploy.<sup>174</sup>

167. The Australian Commission on Safety and Quality in Health Care (ACSQHC) also highlighted concerns about members' ability to deploy and broader career progression if they disclosed health issues:

A significant issue evident within the cohort was the disincentive to seek help for health and other challenging issues. This was directly related to ADF members concerns about deployment and ongoing career progression within the ADF. Documents within the dataset included discussion relating to the ADF environment and promotion of safe and open acknowledgement of health issues. Documents relating to a number of cases referred to concealment of health concerns. This is not to say that a culture of avoiding help-seeking is actively cultivated by the ADF.<sup>175</sup>

168. The ACSQHC found that even when members were encouraged to seek support from commanders for mental health issues, cultural norms and concerns about the impact on their career led them to conceal the problem or seek help outside the ADF:

Culture around mental health support and emotional restrictiveness in the ADF also impacted serving members. Many cases presented proactive referrals from command to support services for serving members seeking support with mental health or relationship issues. However, a cluster of cases demonstrated the belief that expressing mental health concerns would be detrimental to their ability to be deployed, handle weapons and progress in their career. There was evidence of concealment from colleagues and command.<sup>176</sup>

The dataset showed repeated concerns around disclosing mental health issues. It seems people were encouraged to seek necessary support by colleagues, command and family; however, there appeared to be a culture of concealment or denial. This may be due to stigma, shame, poor mental health literacy or concerns about career progression. For the ADF members in the dataset, seeming to avoid, conceal, or otherwise being unable to find suitable ways to support their mental health was also a recurrent pattern ... In some cases, people sought external civilian support services, which may have been to avoid the stigma of diagnosis and treatment, or out of concern that a formal diagnosis might jeopardise deployment and career prospects.<sup>177</sup>

169. We examine these issues further in Chapter 5, The military employment classification system and medical separation, and Part 5, Health care for serving and ex-serving members.

### **Balancing military capability and member wellbeing is an ongoing challenge**

170. The ACSQHC concluded that a range of cultural factors affected members' health and wellbeing. However, the most significant 'service stressor' was related to individual members concealing health issues, and challenges associated with the ADF being a military organisation that is also responsible for members' wellbeing. It said:

stressors within ADF service life had a complex interaction with people's wellbeing and overall capacity for service over time. For some these stressors were explicitly linked to bullying, harassment, moral injury, and a problematic drinking culture, and for others ... service experiences like deployment or family separation could negatively impact interpersonal relationships. However, **the most significant service related stressor was a pervasive culture of poor help-seeking and concealment of mental and physical health issues, as well as at times the inability of official processes and command structures to juggle competing priorities of military readiness and fitness, while also providing supports that did not feel punitive towards people experiencing difficulties.**<sup>178</sup>

171. The ACSQHC found that despite improvements in ADF systems and support for members experiencing health issues, particularly mental health, barriers still exist:

Multiple cultural and systems level barriers exist that prevent help-seeking and effective support provision within the ADF. The data within this review repeatedly reported instances where people concealed their issues, sought help from civilian services, or had their concerns minimised by colleagues and commands ... There was also good evidence in the data of where systems level supports had activated to help individuals struggling with personal, interpersonal or organisational level factors. Indeed a common outcome of multiple past reviews has been the development of recommendations and interventions which target necessary cultural and procedural changes to reduce stigma, and improve mental health literacy and system processes to support individuals.



**However, despite these efforts, and despite the intention to support, it appears the system still feels punitive to many within the ADF. This is likely due to the clash between the necessary capability focus of the military and the ways in which individual difficulties can impact military fitness.** For many people these concerns may be a perception around stigma and poor mental health literacy, but with good help could be supported to continue service. For others there are very real ramifications in terms of deployment, career progression, personal reputation and/or sense of self-worth, finances and housing.<sup>179</sup>

172. The ACSQHC considered that further work was needed to improve support services and encourage help-seeking, including through peer support:

Therefore, targeted mental health literacy and stigma reduction in the military context and how it relates to the culture and practice of support in ADF and veteran communities needs further review and development. There is also strong potential for peer services to help in culture change and addressing barriers to help-seeking. It is evident that capacity for service may fluctuate and be influenced by service and non-service stressors; however, there is a responsibility within the ADF to appropriately and compassionately support service continuation, and provide effective and supported transitions before and after discharge.<sup>180</sup>

173. The 2021 *Preliminary Interim Report* of the interim National Commissioner for Defence and Veteran Suicide Prevention similarly recommended that:

Defence should commission an external review and evaluation of the culture within the Australian Defence Force (ADF) associated with mental ill health and help-seeking behaviour. Following this, Defence should implement a cultural change and de-stigmatisation program throughout the ADF to normalise early access to mental health services. This could include:

- a peer-support program, from enlistment or appointment, to help normalise help seeking within the ADF
- case studies where Defence members who have experienced mental health concerns and/or mental illness have still been able to redeploy and/or progress through their careers.<sup>181</sup>

174. Defence informed us it 'has neither accepted or rejected the recommendation'; it 'agreed with the broad intent'; and 'further consideration is to be informed by the Royal Commission'.<sup>182</sup> We asked Defence to identify any barriers to implementing the preliminary interim report recommendation. It replied:

Unclear what benefit a further external review would deliver when comprehensive research in this area has been conducted.<sup>183</sup>

175. The ‘comprehensive research’ being referred to is Defence’s Transition and Wellbeing Research Programme. While this research was wide-ranging, it did not explicitly consider the relationship between ADF culture and seeking help for mental health. The *Key Findings Report* is silent on culture.<sup>184</sup> During procedural fairness, Defence provided further context for its response to the recommendation:

It is recognised that stigma around help-seeking is a potential barrier to care. Future research should focus on how to reduce barriers as opposed to reconfirming the barriers already established.<sup>185</sup>

176. We agree, and note this was precisely the point of the review recommended by the *Preliminary Interim Report*.
177. Defence also listed related initiatives underway including the *Defence Mental Health and Wellbeing Strategy 2018–2023* and the SafeSide Framework. It also said it had appointed a Lived Experience Manager in Joint Health Command to implement a Lived Experience Framework.<sup>186</sup> We examine these initiatives in the context of help-seeking and stigma reduction in Part 5, Health care for serving and ex-serving members.
178. As noted at the start of this chapter, then Chief of the Defence Force, General Angus Campbell AO DSC, acknowledged the challenge of balancing operational capability with individual member wellbeing. This challenge lies at the heart of many of the issues we explore throughout this report, and it is clear significantly more work is needed to address it. While culture is a critical part of understanding and tackling this challenge, a range of other structural and systemic elements must also be considered. We explore those in Chapter 3, Recruitment and initial training, and Part 5.

## Traditional masculine ideals and military culture

179. There are strong parallels between traditionally masculine and military norms. The Phoenix Australia literature review noted:

The culture of the ADF is influenced both by the make-up of its members, and by the role and function of the military. The ADF, as with Five Eyes militaries, has historically been male dominated. The alignment between military values and traditionally masculine attributes and norms ... therefore means that many components of military culture are also highly masculine.<sup>187</sup>

180. Phoenix Australia noted the tension between attributes and norms that are necessary in combat but can become harmful in other contexts:

Traditionally masculine attributes and norms include strength, power, competitiveness, suppressed emotionality and aggression. In the military context, particularly in relation to deployment and combat, these attributes and norms may be fostered and encouraged. Some of these attributes, of course, may be adaptive in certain situations (e.g., in combat) but quite maladaptive at home in Australia.<sup>188</sup>

181. The ACSQHC qualitative analysis made a similar observation:

The military is commonly understood as a male-dominated and even hyper-masculine environment and the dominance of males in suicide statistics in Defence, veterans and the broader population is significant. The ADF instils in members a culture of stoicism, self-reliance and protection of others. The ADF environment has been characterised as a 'warrior masculinity' culture. While these concepts are not inherently problematic, the perception of emotional expression and physical ailments as weaknesses and as impediments to career progression is concerning for mental wellbeing and suicide prevention in the ADF.

During the eighteen-year timespan of the cohort, there has been a significant shift in attention towards problematic elements of masculine 'warrior' culture in the ADF, especially stigma around disclosing mental health issues. Stigma around disclosing mental health issues has been the subject of multiple Defence reviews of ADF culture and veteran wellbeing. However, the high prevalence of alcohol, aggression, violence, and emotional dysregulation, life crises, stoicism and poor help-seeking in the cohort echoes other studies around hegemonic masculinity, poor mental health and suicide outcomes of men in the broader population and indicates that adherence to problematic representations of masculinity remains an issue.<sup>189</sup>

182. The ACSQHC also noted the potential connection between a 'culture of honour' and a lack of help-seeking among men. It may 'support the idea that suicide is an honourable solution while emotional expression is feminine or weak'. It also highlighted that some aspects of emotional control are important in a combat context but can otherwise be maladaptive:

ideals of being emotionally restrictive and self-reliant have been linked to poorer health outcomes and even intensifying suicidal ideation. Serving members upheld ideals of being an emotionally resilient and self-reliant provider, expressed in suicide notes and from accounts of family members and colleagues. ADF 'warrior' virtues remained influential for veterans after service. Emphasis on strength, stoicism and deprioritisation of emotional reactions are key aspects of military socialisation for combat; however, these behaviours may be considered less adaptive after service in a civilian context.<sup>190</sup>

183. While certain attributes are considered 'traditionally masculine', they are displayed by men and women.<sup>191</sup> The ACSQHC found a similar connection between conformity to traditionally masculine norms and poorer health outcomes in the US military, and that adhering to these norms is likely to be socially rewarded:

In an earlier study of former serving U.S. military personnel, (Alfred et al., 2014) found that greater conformity to masculine norms was associated with lower psychological wellbeing, with this relationship mediated by reduced 'hardiness' (sense of purpose, autonomy and challenge). Interestingly, they argued that conformity to masculine norms may be beneficial within the military setting, due to the highly masculine culture of the military where adherence to these norms is likely to be socially rewarded. However upon transition to civilian life these benefits may be lost.<sup>192</sup>

184. The Phoenix Australia literature review also highlighted the concept of ‘masculine honour ideology’ and the theoretical connection to suicide:

Masculine honour ideology refers to a set of beliefs individuals may hold around preservation of reputation as strong and fearless. The concept of masculine honour ideology as a part of military culture is common across Five Eyes militaries, and theory suggests it may play a role in individuals’ capacity to carry out a suicide attempt.<sup>193</sup>

185. It noted two studies had found preliminary supporting evidence for the connection:

No studies were identified that examined masculine honour ideology in relation to suicide among military populations, but two U.S. studies of community samples provide preliminary evidence for the proposed contribution of this facet of military culture to suicide capability.<sup>194</sup>

186. Overall, Phoenix Australia found conformity to traditional masculinity was associated with suicidality:

Masculine honour ideology may contribute to acquired capability for suicide through reinforcing fearlessness of death and tolerance of painful and provocative events. There was also emerging evidence that conformity to traditional masculine norms among current serving members is associated with non-suicidal self injury, and among veterans is associated with reduced psychological wellbeing, mental disorders including PTSD and depression, and more challenging experiences of pain. In community samples, conformity to traditional masculinity was found to be associated with suicidality, and the experience of, expression of, and help-seeking for depression.<sup>195</sup>

## **‘Toxic’ or ‘hyper’ masculinity can lead to male violence and a sexualised culture**

187. The Phoenix Australia literature review noted the combination of unequal gender representation and ‘the alignment between traditional masculine ideals and military values, may contribute to a “hyper-masculine” culture, in which traditional masculine ideals are overemphasised and valued’. The review highlighted how a hyper-masculine culture can affect mental health and wellbeing and contribute to a sexualised culture:

In an exploratory study of U.S. military recruits, Schaefer et al. (2021) found high levels of hostile and hyper-masculine attitudes including desire for status and control, conformity to masculine norms of restricted emotionality, tolerance for violence, and hostile and benevolent sexism. These attitudes have the potential to contribute to the condoning or enacting of adverse and hostile behaviours.

...

Hypermasculine norms may contribute to a sexualized culture within militaries (Taber, 2018), potentially increasing the risk of sexual harassment or assault and, thereby, contributing to the prevalence of military sexual trauma both in Australia and internationally.<sup>196</sup>

188. Phoenix Australia noted the role of toxic masculinity in unacceptable behaviour and poorer mental health and wellbeing:

The concept of 'toxic masculinity' has emerged in recent years as a way of explaining how pressure to enact traditional masculine attributes or ideals, can lead to hyper-masculine attitudes and behaviours that can have detrimental social impacts, as well as adversely affecting mental health and wellbeing. While this is typically discussed in the context of male behaviour, cultures that are underpinned by traditional masculine ideals may impact attitudes and behaviours of any member within that culture, regardless of gender. Toxic masculinity may contribute to destructive behaviours within the military, such as inappropriate sexual behaviour resulting in military sexual trauma, bullying and reluctance to seek help when needed, and adverse mental health and wellbeing outcomes.<sup>197</sup>

189. The impact of toxic masculinity, or hyper-masculinity, was also highlighted during our hearings. The former Sex Discrimination Commissioner, Ms Elizabeth Broderick AO, reflected on the findings of the 2012 Review into the Treatment of Women in the Australian Defence Force. She said:

what we saw in hyper-masculine culture is that male ways of operating and being are normalised. So that might be locker room talk, it might be your everyday sexism, those types of things are more likely to occur in hyper-masculine cultures, because we know that when we bring women into a very male-dominated environment or, indeed, men into very feminised environments, the group dynamics change and, actually, everyone lifts. That's the case for diversity and inclusion in culture. So if the gender balance is significantly out of sync or out of whack, which it is in male-dominated environments like the military, then there is a greater propensity to those types of behaviours.<sup>198</sup>

190. In the following section, we examine the 2012 review findings in detail.

### 7.1.5 Women's experiences of ADF culture

191. ADF cultural norms present opportunities and challenges that members must navigate throughout their careers. For women, this is particularly complex.
192. Ms Broderick provided further reflections on women's experiences working in a male-dominated military environment based on her 2012 review findings. She discussed the challenges they can face:

Most organisations like militaries and national institutions are male dominated because they were invented by men for men and even today are still largely run by men. So that means they are ... basically, their practices, their structures and systems are designed around a male life trajectory, a male way of operating, a male model of leadership. This means, in terms of the way women experience those organisations, recognising that women now make up half the talent base of our nation and many nations around the world, women are being brought into organisations which were not necessarily structured with them in mind. Now, that is shifting as organisations shift their culture, but without the active and intentional inclusion of women, the system will unintentionally exclude them.<sup>199</sup>

193. She talked about women's everyday experiences and walking the 'femininity tightrope':

I think at the system level in a very male-dominated environment, without strong intervention, yes, it does create probably a greater propensity to what we would now determine as unacceptable behaviours. There I'm talking about sexualised work environments, everyday sexism, potentially sexual harassment. I think that [is] pretty much in every male environment where women are seen as the 'other' ... because the thing for women is if I'm not part of the dominant grouping, then I sit outside the dominant grouping and when I'm outside the dominant grouping, my ability to speak out about these behaviours is much reduced. So what we see women try to do is fit in. They want to fit into the dominant culture. But the problem for women is they can't be too blokey because that's not going to be admired; they can't be too feminine because then they are sitting outside the group of the 'other'. So they are trying to walk this femininity tightrope, in a sense, which is how it has been described to us in the ADF; not too feminine but not too 'one of the boys'.<sup>200</sup>

194. Lived experience witnesses described their experiences, and those of their family members. One ex-serving member told us:

We felt like we did not belong, we weren't wanted, we were treated, and I'm not saying it was every female, but for the most part, from my experience, we were treated differently. We were given different names, we were given different uniforms ... anything to make us not blend in. We should have been able to be treated exactly the same as the male recruits. And I just don't think ... a lot of the sailors there wanted us. I don't think they thought we belonged.<sup>201</sup>

195. Another ex-serving member told us:

there were not a lot of women when I was in the Navy then. As I said, there was a lot of men and it was the way that we were treated as women and just spoken to in such a derogatory way and very sexually harassed, as I've said, all the time, and it was just ... even, like, a female, other female staff would just laugh and it was just a given that people would make jokes at your expense, sexist jokes at your expense, and, yeah, it was ... that was such a huge memory for me of my time.<sup>202</sup>

196. A serving member told us little had changed:

Now, I'm not stupid, I'm not naive, I don't hate the ADF and I understand the importance of them. I know that the ADF have quotas and they need people to sign up for the safety of our nation. They also need to reach their desired quota of women to be deemed an employer with diversity. Unfortunately, this vision of diversity is not being held across the organisation. This is not to say that women are not as capable as men by any means, but more to say that women are still not being accepted or treated fairly within the culture of the ADF, which the rates of suicide quite obviously seem to reflect.<sup>203</sup>

197. Box 7.3 sets out what then Sex Discrimination Commissioner, Ms Kate Jenkins AO, learnt about women's experiences from Defence collaboration with the Australian Human Rights Commission (the AHRC). Many of those experiences reflect Ms Broderick's observations about walking the 'femininity tightrope'.



### Box 7.3 Sex Discrimination Commissioner on women's experiences

Through Defence-AHRC Collaboration data, including interviews with women, I have found female ADF members to be incredibly impressive. They are committed to performing at the highest levels and contributing positively to their teams and workgroups. Anecdotal feedback from female ADF members about their workforce experience resonates with that of female employees in other male-dominated sectors. This includes:

- feeling they are subject to greater scrutiny than male team members, including at promotion or when given any additional opportunities
- feeling pressure to prove their physical capabilities, often beyond that required for their role, to gain acceptance because of assumptions that women are weak
- a desire to blend in as 'one of the guys'. There is pressure to not be too feminine or too masculine, without consensus on where the balance lies
- protection and success is highly dependent on good relationships with male peers and the support and sponsorship of male superiors
- feeling pressure to succeed to ensure opportunities for other women
- shouldering the onus to speak up when rules and processes are not inclusive
- facing regular requests for additional tasks to assist recruitment of women, to mentor other women and to be consulted for their perspective as women, in addition to their normal workload (sometimes described as their 'second unpaid role'), while male peers are not asked to perform similar additional duties
- facing the perception that their presence in service results from reduced standards
- having their achievements openly dismissed or criticised as being unjustified and only on the basis they were women, rather than as a result of their talent and hard work
- experiencing disproportionate rates of sexual assault, bullying and other unacceptable behaviour at all levels. Gendered, discriminatory and derogatory treatment based on sex and sexuality, including sexist comments, task allocation, rumours about sexual activity, comments on their bodies [and] capabilities
- wanting better flexibility to enable women (and men) to accommodate their family and caring responsibilities, avoiding career compromise, mental and physical health impacts and/or family breakdown
- a desire to be seen as an ADF member, rather than as a female ADF member. I note women have discussed a sense of relief when they work in locations with some gender balance and where there are women in leadership. Defence should continue to work towards real gender diversity across the organisation, so that the gender of Defence personnel is not the focus.<sup>204</sup>

## The Broderick Review: A turning point?

198. The 2012 Review into the Treatment of Women in the Australian Defence Force, also known as the Broderick Review, found there were ‘systemic, cultural and practical impediments to cultural change’.<sup>205</sup> These included:

the lack of critical mass of women in the ADF, stemming from attraction and retention difficulties; the rigid career structures and high degree of occupational segregation; the difficulties combining work and family; and a culture still marked, on occasion, by poor leadership and unacceptable behaviour including exclusion, sexual harassment and sexual abuse.<sup>206</sup>

199. The Broderick Review identified five principles for success that provided the framework for its 21 recommendations:

- strong leadership drives reform
- diversity of leadership increases capability
- increasing numbers requires increasing opportunities
- greater flexibility will strengthen the ADF
- gender-based harassment and violence ruins lives, divides teams and damages operational effectiveness.<sup>207</sup>

200. The ADF’s response to the review’s recommendations formed part of Pathway to Change 2012–2017 (discussed in section 7.2).

## Some improvement, but ‘coming off a low base’

201. We asked serving and ex-serving women about longer-term changes they have witnessed. Asked whether women’s experiences have improved, Air Commodore Lara Gunn CSM told us:

I think it has. It is a little bit difficult for me to answer this from my own personal perspective because I haven’t experienced personal abuse [or] discrimination, as a woman being in Defence. I have, of course, read a number of reports. I am aware of some of the actions that Defence has taken, certainly to promote diversity and equal recognition of women in Defence. So from that perspective, yes, there is definitely improvements. The fact that we have more women at senior positions, so a different perspective is considered at decision-making forums, is a demonstration of that.<sup>208</sup>

202. Interim National Commissioner into Defence and Veteran Suicide Dr Bernadette Boss CSC said:

Certainly from my own experience, I know Defence has changed in many ways over the 30-odd years that I have been involved with Defence – attitudes towards women are completely different now to when I joined 30 years ago. So there have been some dramatic changes in Defence.<sup>209</sup>

203. However, the Chief of Personnel, Lieutenant General Natasha Fox AM CSC, noted these improvements were ‘coming off a low base’.<sup>210</sup>
204. The annual *Women in the Australian Defence Force* report is an important and enduring accountability mechanism arising from the Broderick Review. It is one of the few public documents produced by the ADF that includes service-specific targets endorsed by the Chiefs of Services Committee, and supported by quantifiable metrics.
205. The then Chief of the Defence Force, General Angus Campbell AO DSC, said the annual reports ‘provide the organisation with insights into where further work is needed to improve our organisation’.<sup>211</sup> We agree. The reports’ measurable, data-driven KPIs provide a helpful and objective measurement of the progress being made in the ADF. The KPIs have continued to evolve, and the addition of a KPI focusing on inclusion and belonging in 2022–23 brings the total number to 13. We commend the ADF for its transparency and ambition in this regard.
206. There are areas in which clear progress has been made. In particular, there are now significantly more women in the ADF than a decade ago. In 2022–23, women comprised 20.4% of ADF members, up from 14.4% in 2012–13.<sup>212</sup> The Army and Air Force have met their women’s participation targets, and have increased their ambitions:
- The Army achieved its women’s participation target of 15% by 2023 and has set new targets of 18% by 2025 and 20% by 2035.
  - The Air Force achieved its target of 25% by 2023 and set a new target of 35% by 2030.
  - The Navy is yet to achieve its target of 25% by 2023, having reached 24% in 2022–23, and set a new target of 35% by 2030.<sup>213</sup>
207. While increased rates of participation are positive, they haven’t resulted in improvements in other critical aspects – particularly leadership and culture.
208. In terms of women’s opportunities and representation in leadership positions, the *Women in the ADF Report 2021–2022: Ten Years in Review* said:
- Research suggests that for the ADF, factors such as occupational segregation, social and historical norms, judgements of merit, structural impediments and networks of influence appear to interact to make it difficult for women to reach leadership positions.
- Over the past decade women’s participation in Defence-sponsored education has increased significantly. This has not translated to equality through valuing and recognition in leadership roles, promotion boards and honours and awards.<sup>214</sup>

209. It said 'the representation of women in pipeline and senior positions has improved since 2012/13' but 'is still proportionately lower than men'. 'Across all services the percentage of women in Officer and NCO [non-commissioned officer] senior positions is still proportionately lower than women's participation rate in each of the service[s].'<sup>215</sup> The report highlighted that invisible barriers remain:

Obvious barriers have been removed however results suggest that tacit/hidden/invisible or harder to address visible barriers remain. This limits women's standing or place in the ADF and continues to affect the women who are positioned to reach leadership.<sup>216</sup>

## **ADF is a less safe work environment for women**

210. The Pathway to Change results demonstrate little measurable change across the three services from 2017–2022. However, the results for women in the ADF are even worse. *Women in the ADF Report 2021–22: Ten Years in Review* found that:

Over the last decade women have reported lower levels of well-being, morale, workplace support and inclusion and satisfaction with career. These are cultural and organisational as well as individual factors. **Their persistence over a decade suggests that women and their specific characteristics and needs are not recognised and valued.** Evidence that men are twice as likely to have a high well-being score than women indicates that there are ongoing cultural and organisational effects that need to be addressed.

There are significant differences between ADF women and men's experiences of sexual assault. Women disproportionately experience and report sexual misconduct.<sup>217</sup>

211. It highlighted the persistently high levels of unacceptable behaviour directed towards women:

Experiences of unacceptable behaviour have remained consistent, and consistently higher, for women than men since 2013. Over the same period men's experiences of unacceptable behaviour has declined. **Over the last decade women have consistently experienced a less safe work environment than men.** In 2021 women respondents experienced unacceptable behaviour consistently across the services. More women in the Navy experienced sexual misconduct than those in the Army or Air Force. Similarly, across the services fewer men than women experienced unacceptable behaviours.<sup>218</sup>

212. Defence survey data shows that women have less confidence in the management of unacceptable behaviour compared to men. This is further discussed in Appendix L, Defence survey data.

213. The *Women in the ADF Report 2021–22: Ten Years in Review* listed the following ‘areas of continuing concern that require future focus’:

- Discrepancies between levels of well-being being reported by women including analysis suggesting that men are twice as likely to have a high well-being score than women.
- Lower levels of morale being reported by women.
- Lower levels of appreciation of leaders by women and examination of what might be driving this.
- Lower levels of perceptions of career progress by women including issues of merit, fairness and career agency.
- Lower perception of team inclusivity reported by women including respect, acceptance and belonging.<sup>219</sup>

### **Defence has acknowledged the connection between women’s experiences in service and risks for suicide and suicidality**

214. The similarities between the 2012 Broderick Review and *Women in the ADF Report 2021–22: Ten Years in Review* findings are obvious. It is concerning that little measurable progress has been made to improve women’s experiences of ADF culture. Women are disproportionately subject to significantly higher rates of abuse than men – who are the perpetrators in the majority of cases of all forms of sexual misconduct against women in the ADF. (For more information, see Chapter 8, Military sexual violence.)

215. These findings are particularly concerning in the context of suicide rates for ex-serving women. Women who served in the permanent forces are 2.1 times more likely to die by suicide compared to the general Australian female population.<sup>220</sup>

216. We asked senior Defence leaders about the connection between women’s experiences during service and risks for suicide and suicidality post-service. The Deputy Secretary of the Defence People Group, Ms Justine Greig PSM, conceded ‘cultural factors’ may be a contributor to the higher incidence of suicide for ex-serving women, but provided no firm ideas about what these factors could be.<sup>221</sup>

217. The then Vice Chief of the Defence Force, Vice Admiral David Johnston AC RAN, acknowledged women are subject to more unacceptable behaviour and sexual misconduct than men. He said this is ‘a significant contributing factor to the risks that they carry as they transition into their post-military career’.<sup>222</sup>

218. Clearly, it is essential to address the cultural and systemic barriers women face in the ADF to reduce the risks of suicide and suicidality during and after service.

## **The ADF has failed to address women's inclusion, safety and wellbeing in a coordinated and systemic way**

219. The *Women in the ADF Report 2021–22: Ten Years in Review* concluded a 'systemic shift' was required to 'address some of the underlying factors and drivers of gender inequality'.<sup>223</sup> The report noted that inter-related cultural and systemic issues need to be addressed. They included:

The lack of a critical mass of women in the ADF, career structures that limit participation, occupational segregation, lack of flexibility and support for ADF families, and **a culture still marked by gendered sexual misconduct** continue to pose workforce risk. The findings in the report indicate that people system processes and personnel policy settings of the past decade must continue to be modified if it is to address current and future workforce challenges and support women's contribution to workforce growth out to 2040.

The Report indicates that efforts should be targeted to women's well-being, morale, safety, talent performance and career management, recognition of service through promotions, honours and awards and cultural change in acceptance of flexible work. The report findings underline the evidence that feeling valued, supported and respected shapes positive outcomes for the workplace. **Individual women feeling that they belong in the ADF is foundational to any efforts to achieve change.** Long term retention efforts of women needs to focus on safety, inclusion and flexibility over the course of an ADF career to drive lasting equity outcomes for women.<sup>224</sup>

220. The report said Defence had developed a 'program logic' to provide a strategic framework identifying 'intervention pillars as building blocks' to create 'a safer and more respectful culture'.<sup>225</sup> The program logic was based on three reports Defence commissioned from the University of NSW in 2021.<sup>226</sup> This culminated in over 70 'enabling activities' informed by Defence stakeholder input based on the following pillars:

- organisational arrangements (27 activities)
- participation, talent and career management (24 activities)
- behaviour and leadership (11 activities)
- safe workplace culture (10 activities).<sup>227</sup>

221. Activities were directed to a single service, the ADF or to Defence as a whole. A summary list of the enabling activities is in Annexure 7.1.



222. The *Women in the ADF Report 2021–2022: Ten Years in Review* said:

At an enterprise level this program logic provides a programmatic approach to focus efforts on specific activities, strategies and initiatives across the functions of the Defence People System. Through the implementation of activities under each of the intervention pillars, Defence will ultimately improve the performance of the Women in ADF KPIs and shift to a future state where Defence attracts and retains diverse workforce capability that is reflective of the full diversity of the Australian community.<sup>228</sup>

223. The report labelled it a ‘strategic framework’, and one that provides a ‘programmatic approach’. This aligns with Defence’s acknowledgement that it ‘is a complex strategic problem requiring alignment of culture, organisational structure and processes and embedding Defence values and behaviours’.<sup>229</sup>

224. However, the program logic has not been implemented in a strategic or systemic way. Defence told us the program logic ‘was not intended and nor has it been used as a formal reporting framework and there is no requirement to produce formal strategies or implementation plans relating to it’.<sup>230</sup> It just ‘provided information on choices of activities as a “menu” of options’ and will ‘continue to inform the evaluation of KPIs in the annual Women in the ADF report’.<sup>231</sup>

225. The Chiefs of Services Committee approves the Women in ADF reports but it is unclear whether its members were provided with the program logic discussed in the *Women in the ADF Report 2021–22: Ten Years in Review*. In our 20 March 2024 hearing, Lieutenant General Fox told us she saw the program logic ‘last night’.<sup>232</sup>

226. The draft *Women in the Australian Defence Force 2022–2023* report is silent on the program logic. However, it notes the same culture and wellbeing issues persist:

- women across all services consistently experience unacceptable behaviour at a much higher rate than men (including sexual misconduct)
- women continue to have moderately lower levels of morale than men
- a new measure shows ‘the predicted probability of serious mental health illness is higher for Permanent women than men’.<sup>233</sup>

227. The 2022–23 report repeats the 2012–2022 report finding that the ‘stressors of workplace experience where women feel unsafe, less valued and supported and respected needs ongoing organisational commitment and attention’.<sup>234</sup>

228. Despite knowing that systemic organisational and cultural issues need to be addressed to improve women’s safety, wellbeing and inclusion, the ADF has failed to develop and implement comprehensive solutions that will lead to systemic change. There is no central oversight by the Chief of the Defence Force or Chiefs of Services Committee, no coordinated approach to implementation, and no evaluation plan (beyond monitoring the annual Women in the ADF metrics). This is unacceptable and gives us no confidence that the known risks to women are being addressed.

229. We consider an optional list of activities with no formal oversight to be a grossly insufficient response given the linkages between women's maltreatment in service and the risk of suicide and suicidality.
230. During our procedural fairness process, Defence disagreed there was a lack of central oversight or evaluation. It told us that the Chiefs of Services Committee considered the *Women in the Australian Defence Force 2022–2023* report in February 2024 and:
- Endorsed DPG [Defence People Group] to report, evaluate or develop as necessary, childcare interventions to improve performance in female retention.
  - Endorsed the inclusion of gendered assessment of risk in the new Defence Workforce Strategy with particular attention to women's safety, promotions, morale and wellbeing, and provision of care for children from birth through to school age.
  - Supported further work with the AHRC to progress key findings of the Women in ADF Report.<sup>235</sup>
231. These are all worthwhile and positive initiatives; however, we note the key findings of the 2022–23 report are consistent with the findings of previous reports that led to the development of the program logic. We urge the ADF and AHRC to consider this as a starting point for implementing systemic reforms.

## 7.2 Towards a people-first, high-capability culture

232. Throughout our inquiry, we reviewed a significant volume of ADF and Defence policies, some of which they have updated or created during the course of our work. Despite all this activity directed towards a culture change in the ADF, Pathway to Change results show there has been minimal measured improvement to culture, and in some areas, it has become worse. Lived experience evidence attests to the gap between what a policy or strategy says should happen and what happens in practice.
233. Dr Nikki Jamieson spoke of the 'disconnect between culture, policy and practice'.<sup>236</sup> She spoke of the cultural barriers to accessing supports:

There are a number of supports that could have been available, some of which were outlined in Defence's own policy, which is problematic. As we have seen, there is a whole heap of policies and reports that have been available, but the issue is the disconnect between the translation of those policies into practice. There are so many lovely words in these policies that we should be doing and could be doing and need to be doing. They don't get translated, the supports don't get translated.<sup>237</sup>

[Daniel] didn't feel he could access those supports, either internally or externally ... For a number of reasons. The stigma around that, the threats regarding his transition out of service and his discharge ... and the fact he would be considered a malingerer.<sup>238</sup>

234. Dr Jamieson also emphasised the need to create a culture based on compassion, accountability and transparency:

Culture is a huge and significant area that requires change. The human condition has evolved, and we are not keeping up with it ... physical and emotional needs have changed, and we are well aware of these changes and the impacts on mental health and wellbeing, yet fail to provide more appropriate environments to allow, particularly, those vulnerable Defence members and veterans to flourish; instead, [we] continue to use archaic training and indoctrination techniques designed for the types of war that we no longer have and are no longer fitting with contemporary workforce physical and mental health needs. It's a huge change and I get it. Ultimately, we want a strong, robust and adaptable force, and we need a continuous and strong resilient capability in this ever-changing global context. Recruitment and retention needs to be maximised, but not to the demise of the mental health and wellbeing of Defence members, veterans and their families. The best leaders lead from behind through inspiring moral and physical courage, support, nurture and respect; not through ridicule, bastardisation, bullying and ostracisation. I have met and continue to meet so many amazing ADF leaders, and now is the time for that quality leadership to shine, where compassion, accountability and transparency are placed at the forefront of all ADF systems, culture, policy and practice. Then and only then will we start to see suicide reduction becoming a reality, which is why we are all here today, isn't it?<sup>239</sup>

235. Associate Professor Ben Wadham and Associate Professor James Connor also highlighted the need for compassion, and the challenges the ADF faces in navigating inherent tensions:

Military culture especially, as you get closer to the martial impulse – the units and corps that are combat focused – generates stronger levels of dualism, instrumentality, us/them and othering. It relies on brotherhood, work hard/play hard and an exclusive or exceptionalist sense of self. These are the easy ways of creating a fighting force but it also generates the potential for abuse, exclusion, prejudice and unreasonable violence. This has a deleterious effect on personnel as the tools for cognitive and emotional integration are diminished and the characteristics such as invulnerability, sucking it up, looking after yourself, not help seeking and play hard practices such as substance abuse are increased.

The challenge is to produce military personnel that can do both – be compassionate to others and self as well as undertaking a role of executing professional violence. This challenge cannot be understated.<sup>240</sup>

236. Clearly, significant improvements are needed to create an ADF culture that delivers on its aspiration to support a high-capability military force that values its members' safety, health and wellbeing. Essentially, the ADF needs to make sure that what is written on paper happens in practice. The *Afghanistan Inquiry Reform Plan* recognised this:

The 'optimal' culture is achieved by narrowing the gap between aspiration and practice – often referred to as 'walking the talk'. The smaller the gap, the clearer people will be on what is expected, and the more likely they will be to call out unacceptable behaviour.<sup>241</sup>

237. Achieving this optimal culture will require focused, long-term and intentional effort – it will not happen naturally by further embedding Defence values and behaviours. Significantly more is needed to achieve the systemic cultural shift required to mitigate risks and strengthen protective factors associated with suicide and suicidality.
238. As we discussed in section 7.1, culture has multiple components. Some are visible, while others are much deeper and go to the core of what it means to serve in the ADF. For change to succeed, each of these components must be addressed.
239. The first step is to acknowledge there are problems that need to be tackled and to expect resistance to change. Changing the culture of the ADF will be an uncomfortable process for many personnel. For some, this will be because they believe the current culture is necessary to maintain capability. For others, this will be because they benefit from and are rewarded by it. Then Chief of the Defence Force, General Angus Campbell AO DSC, clearly articulated this when he was Chief of Army. General Campbell's foreword to an AHRC 'cultural temperature' report in 2017 is still relevant today:

The process of cultural renewal is never immediate, nor is it painless. Calling out bias and prejudice tends to be the most confronting to those who seek to protect and perpetuate it.

...

Shining a light on our organisational flaws is the most effective disinfectant for poor behaviour.<sup>242</sup>

240. More recently, in a report reflecting on lessons learnt in Afghanistan, Major General Andrew Hocking (Retd) highlighted 'inherent vulnerabilities' in the ADF's culture. He recognised:

These vulnerabilities are not often discussed internally and generally do not feature in ADF doctrine, training or education. This may be due to a concern (conscious or otherwise) that acknowledging inherent vulnerabilities might undermine military capability or weaken esprit de corps. It may also be based on a misguided and insecure notion that to do so would be 'woke'.<sup>243</sup>

241. We know that many of the issues we have raised about ADF culture may be challenging and uncomfortable for its members and leaders. In a military context, the emphasis is on projecting strength, rather than embracing vulnerability. However, being vulnerable enough to admit that things go wrong, and that some problems don't have clear and immediate solutions, is an important cultural and leadership quality that supports reflection and deeper change.
242. There may also be a view that exposing the cultural issues in the ADF will negatively impact efforts to boost recruitment and retention, which is an ongoing challenge. However, we consider the opposite to be true. Being open and honest about the cultural challenges the ADF faces, having a clear vision for success and reporting transparently about progress, are the true marks of organisational integrity. This will assure serving members and those considering a career in military service that the ADF is committed to creating a positive workplace culture in which members can thrive, not just survive.

243. Section 7.1.3 explores the changes required to achieve this vision at the ‘visible’ level of cultural strategies, as well as the deeper level needed to reimagine and reinterpret deeply held cultural norms. Section 7.3 examines the role of leadership in achieving this cultural change.

## 7.2.1 Visible cultural reform: Defence Culture Blueprint

244. We are acutely aware that none of the cultural issues we are raising are new. Multiple inquiries and reviews have exposed similar problems. There is no shortage of previous inquiries that made recommendations about ADF culture, but often ADF reforms have fallen significantly short of expectations. To ensure our recommendations will lead to meaningful reform, we need to understand why cultural change has been so difficult to achieve.

### Systemic barriers and enablers of change

245. Associate Professor Connor’s ‘research has demonstrated time and time again ... that the ADF is very bad at changing’.<sup>244</sup> In his view:

Something has to be done to cement real cultural change within the institution of the ADF. We cannot allow them to pay lip service to programs of change anymore. There has to be true consequences for command when they don’t achieve appropriate change. There has to be consequences for everyone within the organisation when they don’t get on board with the cultural change. More than a decade ago, we had David Morrison, Chief of Army and of course Australian of the Year, talking about the problems of culture. Yet it hasn’t been fixed yet. So the question we have to ask is: how and why is it not being fixed? Why is there not an appropriate attitude for change within the ADF?<sup>245</sup>

Of course, we can give a whole range of very good explanations around change management theory and the culture of the organisation and how it functions, to explain how and why it hasn’t occurred. But this Royal Commission now presents us with a unique opportunity to put in place recommendations that the ADF must enact and must follow through on.<sup>246</sup>

### A lack of clear outcomes or basis for measuring progress

246. A long history of inquiries and reviews has resulted in a cycle of responding to and implementing recommendations made by external bodies. There is a focus on activity-based reporting, without clearly articulating the desired outcomes or evaluating whether meaningful change has been achieved.
247. In response to this, Defence developed the Pathway to Change Measurement Model in 2021 to evaluate ‘the overall workplace culture against Pathway to Change metrics’. It used a ‘traffic light’ rating scale (see section 7.1.3 for details).<sup>247</sup>

248. Defence said these ratings constitute ‘a set of performance criteria and measurable outcomes’ for the Pathway to Change.<sup>248</sup> We agree rating each priority on a scale from ‘very effective’ to ‘culture alert’ is a form of measurement criteria. However, in the absence of clearly stated outcomes or targets, they have limited value. What were groups and services meant to be aiming for? Was a rating of ‘effective’ culture in each priority the target? It is also unclear what is expected if there is a ‘monitor’ or ‘explore’ culture rating, as there is no explicit instruction or expectation that action should be taken.

249. The Review of Pathway to Change undertaken by Nous Group in 2023 raised similar concerns:

The relationship between the statement of cultural intent and the six priorities is not entirely clear. Both the cultural intent and the priorities appear to be statements of aspiration. In addition, **there was no clear delineation between ‘what’ change was being sought and ‘how’ this was to be achieved.** This was a clear shift away from the design of Pathway to Change 2012–2017 which included clear description of the levers for change to drive action. **Consequently, there was no clear basis for measuring outcomes and monitoring progress.**<sup>249</sup>

250. Nous Group found the Pathway to Change Measurement Model had the following problems:

- limited outcome measures
- no milestones or targets, and ‘there does not appear to have been a requirement for targeted action to responding to metrics flagged as “monitor culture” or “culture alert”’.<sup>250</sup>

251. Similar issues exist at the service level. Each has a different approach to measuring progress achieved under service-specific culture strategies, but all lack outcomes-based targets or measures.

252. The Army uses a combination of incident reporting systems and workforce surveys.<sup>251</sup> The *Army Business Plan 2022–2026* lists performance measures for ‘Good Soldiering’. But they have no outcomes-based targets or measures.<sup>252</sup> However, the Army Business Plan reporting includes a risk matrix and metrics from the Army workplace experience report, including job engagement, wellbeing and morale. The report for October 2022–March 2023 noted ‘wellbeing is at 57 per cent and low morale is still affecting one-quarter of our workforce’. It also said that 83% of surveyed members considered ‘Army teams are respectful, transparent and willing to cooperate’.<sup>253</sup> This is a positive step towards giving senior leaders visibility over emerging cultural issues.

253. The Navy measures cultural change over time using the Organisational Culture Inventory and Organisational Effectiveness Inventory.<sup>254</sup> *Next Generation Navy 2024–2027* includes aspirational statements and focuses on ‘micro-cultures’, but has no outcomes-based targets or measures.<sup>255</sup> However, we commend the Navy for undertaking a robust and regular cultural inventory that highlights areas of progress and where change is needed.



254. The *Air Force Business Plan 2021–2025* (also referred to as the Air Force Strategy) has the following on ‘evolving Air Force culture’:

- STRATEGIC VISION: Air Force will be culturally and organisationally prepared to deliver its full air and space power potential as part of the joint force.
- STRATEGIC EFFECT: Air Force’s culture and reward system is one that values leadership and strategic thinking while assuring tactical and technical excellence.<sup>256</sup>

255. The plan includes aspirational statements labelled ‘KPIs’ and ‘metrics’ that include ‘targets’, but it doesn’t articulate what the targets are:

KPI: AIRCOMD’s demonstrates Defence Values and Behaviours [in accordance with] expectations.

Metric: Defence People Group culture assessment rating.<sup>257</sup>

...

KPIs: Cultural acceptance of Defence values is demonstrated through behaviour.

Commanders and key leaders drive unit level cultural development and inclusive practices consistent with Air Force intent.

A learning culture that promotes through-career learning to build professional mastery is engendered which enables Air Force and Joint Superiority in integrated warfare.

Honours and awards are reviewed to ensure leaders are proactive in identifying members demonstrating high performance, applying a broad perspective when considering the types of performance and behaviours that deserve recognition.

Establish a governance framework that enables the effective management and exploitation of ideas.

Metrics: Values and behaviours targets for Air Force in the YourSay Organisational Climate Survey are achieved.

Inclusive Leadership targets for Air Force in the YourSay Organisational Climate Survey are achieved.

Psycho-Social Safety targets in the Air Force Snapshot Safety Survey results are achieved.<sup>258</sup>

256. The annual *Women in the ADF Report* is a welcome exception. Following a recommendation from the Broderick Review, the Chiefs of Services Committee agreed to measurable outcomes-based KPIs for women in the ADF as discussed in section 7.1.5. They are supported by an annual public report that provides service-level results and shows where KPIs have been met and where additional effort is needed.

## **No integrated data collection, reporting and analysis**

257. There are significant systemic issues in Defence related to collecting, reporting and analysing data on a broad range of issues. We discuss these in detail in Chapter 29, Use of data and research by Defence and DVA.

258. In terms of culture-related data at the unit level, the Deputy Secretary of the Defence People Group, Ms Justine Greig PSM, conceded that:

- Commanders are not provided with sufficient support to learn from the data collected by the Defence People Group.<sup>259</sup>
- More needs to be done to ensure that commanders are acting on the findings of the surveys conducted, including conducting appropriate follow-ups.<sup>260</sup>
- The absence of more granular, unit-level results from Defence-wide surveys has negatively impacted commanders' ability to take meaningful, targeted actions.<sup>261</sup>
- There is a need to more appropriately amalgamate Defence's numerous survey instruments and the data collected from those surveys.<sup>262</sup>
- The Defence People Group has been too slow in providing survey reports to commanders to enable them to learn from and act on that data.<sup>263</sup>

259. At the enterprise level, there is a lack of systemic reporting on unacceptable behaviour and sexual misconduct.

260. A 2018 Defence report on unacceptable behaviour found:

Complaints information is disparate, residing in multiple systems or not reported at all even in situations where complaints are being handled by managers. In addition to this being problematic from a process and compliance standpoint, it also means UB [unacceptable behaviour] complaints can be difficult to 'grip up for Defence People Group and Defence more broadly, and that Defence People Group lacks the workplace intelligence it needs to proactively intervene in the workplace.<sup>264</sup>

261. The Commonwealth Ombudsman made a similar finding in December 2023 and said 'It is not easy to get and use data on complaints to understand risks and patterns and drive continuous improvement.'<sup>265</sup>

262. The same issues apply to sexual misconduct. The Associate Secretary of the Department of Defence, Mr Matt Yannopoulos PSM, conceded:
- Defence does not have a reliable and integrated dataset for sexual misconduct. As a result, the ADF cannot effectively understand the extent of sexual misconduct, and Defence cannot measure the effectiveness of policies aimed at responding to or preventing sexual misconduct.<sup>266</sup>
  - The Data Division has failed to ensure that integrated data analysis can reliably support sexual misconduct policy monitoring and reform.<sup>267</sup>
263. Further detail on data constraints relating to unacceptable behaviour and sexual misconduct is available in Chapter 9, Unacceptable behaviour and complaints management and Chapter 8, Military sexual violence. Defence told us the new enterprise resource management case management system (CASE), which was to be introduced in May 2024, will address many data gaps in relation to unacceptable behaviour and sexual misconduct. CASE is discussed in Chapter 10, The ADF military justice system.

### **ADF's culture of evaluation needs improving**

264. The Inspector-General of the Australian Defence Force's (IGADF's) *Own-Initiative Inquiry: Implementation of Military Justice Arrangements for Dealing with Sexual Misconduct in the Australian Defence Force* 2021 report said:

**There is no culture of evaluation in the ADF;** evaluation of the existing components of sexual misconduct management, including SeMPRO [Sexual Misconduct Prevention and Response Office], would be helpful for policy makers and contribute to continuous improvement.<sup>268</sup>

265. The inquiry concluded:

**Evaluation of program components should become part of the ADF culture of continuous improvement.** Currently, it is impossible to identify the effectiveness of the programs and organisations such as SeMPRO, in reducing the prevalence of sexual misconduct or promoting either commitment to or confidence in the policy.<sup>269</sup>

266. Similar issues have been identified in single-service reviews. In 2020, the Directorate of Navy Culture observed:

**Navy has not been good at capturing and learning lessons from past events, positive or negative, and disseminating or applying these lessons across the organisation.** There are no organisational norms for understanding the underlying socio technical causes of events that the Navy should be learning from.<sup>270</sup>

267. It also found that even when lessons are captured, they do not result in enduring change:

Even when lessons are acknowledged and responded to, there is an organisational tendency to forget why the responses were pertinent and over time, revert to previous processes, procedures and behaviours. Consequently, many responses are transient and their effects do not endure. Double-loop learning requires the organisation to challenge rules, practices and the thinking behind them in the light of new positive or negative outcomes, and needs to be adopted in Navy.<sup>271</sup>

268. Critically, a culture of evaluation must be underpinned by curiosity – leaders ask questions about what is and isn't working and follow through when issues are identified. The data collected and provided at the organisational level in both Defence and the ADF has clear limitations. However, even when data is available, ADF leaders don't always request or use it. This is discussed in section 7.3.1.

### **Poor governance and accountability mechanisms**

269. We have identified organisational governance and accountability improvements, which are discussed in detail in Chapter 11, Governance and accountability in Defence. These improvements are critical to support long-term culture change in the ADF, including:

- shifting the focus to outcomes, not outputs
- committing to tracking and measuring the benefits of changes over time and adjusting accordingly if the intended outcome is not achieved
- establishing clear lines of ownership and accountability for implementing longer-term reforms.

### **ADF contains cultural change capabilities**

270. Clearly, there are barriers to change that need to be overcome. However, there are also positive leadership behaviours and organisational strengths that can support the next phase of cultural change and implementation of our recommendations.

271. ADF members and their leaders are not afraid to tackle difficult challenges. They are willing to make the ultimate sacrifice for our country, and are trained to withstand and overcome resistance. These qualities of discipline, commitment and courage are essential to create meaningful and lasting change.

272. The ADF command-and-control structure gives rise to risks that need to be managed, but also provides a strong foundation for reform. Those in command have clear lines of authority over their unit, which they can use to create positive cultural change. The following section identifies the changes required to ensure ADF leaders are supported and rewarded for improving their unit's culture. However, they have a strong foundation to build on. A 2021 assessment of senior Defence leaders (including the ADF) identified 'top-ranked' behaviours, including:

- accepts personal responsibility for own decisions and actions
- works to realise organisational objectives
- adheres to ethical values consistent with those of the organisation.<sup>272</sup>

273. Also, intelligence is a critical part of military capability and fundamental to achieving Defence's mission. Defence and the ADF have significant skills in collecting and analysing intelligence about threats to our national security. They focus on external actors and global phenomena such as climate change. But they need to look inward to significantly improve how the ADF collects, analyses and acts upon information about the health and wellbeing of its people.

## **Reform is not possible while challenges are not articulated and defined**

274. The Defence Culture Blueprint places explicit priority on people and acknowledges the critical link to military capability. At a high level, the vision and strategic objectives support a sustained focus on member wellbeing. However, the Culture Blueprint has issues that are similar to those in the previous Pathway to Change, including that it:

- fails to clearly articulate known cultural issues that require attention
- lacks targets that define what success looks like and can be measured over time.

## **Defence Culture Blueprint silent on known cultural issues**

275. The Culture Blueprint is an enterprise-wide framework that does not distinguish between the ADF and the Department of Defence. It is aligned to the 'One Defence' approach, which recognises shared goals and objectives at the enterprise-wide level. However, it fails to acknowledge ADF culture is distinct and different from that of the Australian Public Service (APS).<sup>273</sup> The cultural issues we identify in our report are specific to the ADF and should not be extrapolated to the department. While the APS arm of Defence plays a critical enabling role in ADF cultural reform (for example, data collection and reporting), it is a very different working environment.

276. Group heads and service chiefs are required to 'sign statements committing to prioritising actions to positively shape culture in their respective areas and reinforce Defence Values and Behaviours'.<sup>274</sup> The statements produced to the Royal Commission were still in draft, but they provide an insight into each service's planned culture priorities.

277. The Chief of Navy's priorities are:

- Be accountable for a culture that drives two key outcomes: the performance of our organisation in delivering our mission and ensuring that our people have a positive experience of work.
- Actively model the Defence Values and Behaviours.
- Promote thoughtful leadership from the deck plates up; leadership that prioritises a culture of safety, accountability and transparency.
- Grow our Social Mastery, so that individuals better understand themselves and their impact on others.<sup>275</sup>

278. The Chief of Army's priorities are:

- Be held to account for a culture that drives two key outcomes: the performance of our organisation in delivering our mission and ensuring that our people have a positive experience of work.
- Actively model the Defence Values and Behaviours.
- Developing leaders that act with purpose, integrity, empathy and humility, and are accountable for creating a culture that builds and maintains trust between our people and our teams.
- Create strong connections within Army, across Defence and with our partners and allies: Our people are part of a team with a shared purpose, and as One Army we contribute to the wider Defence mission as an Army in the Community, and an Army for the Nation.<sup>276</sup>

279. The Chief of Air Force's priorities and actions are:

- leadership – actions include an 'At All Levels' poster about how leaders can build positive culture through their behaviours, a Leadership Enrichment Program and updated leadership courses
- identity – listed range of actions, none of which referenced the cultural themes related to Defence Identity in the Afghanistan Inquiry
- connection – action was to 'develop a unit connection stakeholder map'.<sup>277</sup>

280. The ADF is significantly more informed about the state of its culture than it was 10 years ago. The *Women in the ADF Report 2021–22: Ten Years in Review* clearly demonstrates the cultural issues that must be addressed to provide a safe working environment for women. The Pathway to Change results show stagnation across a range of areas and, critically, a significant decline in 'health, wellbeing and safety'.



281. The Pathway to Change Review recommended that the Culture Blueprint prioritise problem areas identified at the 'explore culture' threshold under its traffic light rating scale, namely:
- leadership accountability: specifically, strengthening senior leader accountability
  - health, wellness and safety: specifically, addressing unacceptable behaviour, bullying, harassment and sexual misconduct.<sup>278</sup>
282. Despite having full information about these significant cultural challenges, the Culture Blueprint and service chiefs' commitment statements are silent on all of them. The ADF needs to clearly articulate known cultural challenges and problems to begin addressing them. As Defence acknowledged in the first iteration of Pathway to Change, 'it holds us all back when we hide from the truth'.<sup>279</sup>

### **Defence Culture Blueprint is silent on gender, and references in supporting material are limited**

283. The *Women in the ADF Report 2021–22: Ten Years in Review* states ADF culture is 'still marked by gendered sexual misconduct' (see section 7.1.5). It found cultural and organisational factors underpin women's lower levels of morale, workplace support and inclusion, and career satisfaction.<sup>280</sup>
284. The Culture Blueprint is silent on gender. The 'masculinised' nature of the military identity is mentioned in the 2023 Defence Culture Leadership Companion, which is designed to help leaders translate the Culture Blueprint strategy into action. It tells leaders to 'be aware of risks' and 'mitigate them', without providing advice on how to do this, or acknowledging this is a systemic rather than individual issue:

There is a particular significance to the identities built within the military regardless of country or origin. This identity has historically been masculinised through stories, imagery, and language, focusing more on individual 'heroes' rather than teams' achievements. For many individuals that do not fit or resonate with this identity, this may pose as a threat to their experience of work. Since this identity may deter individuals from joining or staying with the organisation, this identity also poses a risk to the diversity of the workforce and the diversity of capability. Being aware of these risks and putting measures in place to mitigate them is an important role of leaders in Defence. This is central to creating a culture where people feel safe, valued, and respected.<sup>281</sup>

285. The Secretary and the Chief of the Defence Force issued a Joint Directive on Accountabilities for Culture to accompany the Culture Blueprint. It states that the Secretary's and Chief's 'joint responsibilities' include 'promoting quality in our leadership culture through fostering gender equality and inclusive leadership and culture'.<sup>282</sup> There are no details on how this will be actioned. The Defence Respect@Work Framework addresses some issues related to gender inequality. It is discussed in more detail in section 7.2. For more on the Joint Directive, see Box 7.5.

286. The draft service-level plans are silent on gender and contain no actions to address related issues.
287. During the procedural fairness process, Defence did not agree that the Culture Blueprint was ‘silent’ on gender. We were told it was developing an ‘inclusive toolkit’ to support gender equality using ‘the lens of intersectionality’. It includes:
- ‘a program of work to support each diversity group’
  - an ‘enterprise approach for the administration, management and support of gender diverse people, for all Defence personnel’.<sup>283</sup>
288. Based on the information available, it is difficult to assess the extent to which the toolkit is likely to address longstanding structural and cultural issues relating to gender inequality. We encourage Defence to ensure it includes specific actions addressing these issues.

### **Defence Culture Blueprint silent on health, wellness and safety**

289. In 2017–2022, health, safety and wellness indicators showed declines over the previous 5 years. However, the Culture Blueprint was silent on these results and any underlying reasons for them, beyond making a high-level commitment to ‘prioritise the wellbeing of our people’.<sup>284</sup>
290. The Chief of Army and Chief of Air Force commitment statements are silent on health, wellness and safety. The Chief of Navy’s statement includes a high-level reference to ‘leadership that prioritises a culture of safety’. But it has no actions on how to achieve this or the problems to address.<sup>285</sup>
291. Defence did not agree that the Culture Blueprint was ‘silent’ on health and wellbeing, and highlighted the continuation of Defence wellbeing webinars and the mental health and wellbeing strategies and action plans delivered by Defence and the Department of Veterans’ Affairs.<sup>286</sup> These are further discussed in Part 5, Health care for serving and ex-serving members. We note the draft *Defence and Veteran Mental Health and Wellbeing Strategy 2024–2029* acknowledges the importance of culture but does not acknowledge the decrease in safety, health and wellbeing results over the last 5 years. It only cross-references the Culture Blueprint as an example of action being taken to foster a positive workplace culture.<sup>287</sup>

### **Defence Culture Blueprint silent on risks inherent in its values and behaviours**

292. The Culture Blueprint and service-specific action plans all refer to the importance of ‘embedding’ or ‘modelling’ Defence values and behaviours.<sup>288</sup> However, the known risks associated with some of these values and behaviours are not mentioned. Risks include the potential for tribalism driving unacceptable behaviour and a lack of reporting, and the relationship between service and sacrifice and lack of help-seeking. Without explicitly acknowledging and addressing these risks, further embedding the associated values may do more harm.

293. While the Culture Blueprint is silent on these risks, other documents the ADF developed during the Royal Commission have begun to articulate them. For example, the ADF released its philosophical doctrine on 'Culture in the Profession of Arms' in March 2024. It states:

The very same culture of loyalty and pride that can breed positive morale and team support under fire, can also breed subversion, a reluctance to question illegal, unethical and improper behaviour of team members, and belief that team norms will provide anonymity and protection from authority. Self-awareness and ethical vigilance are security against deviant military behaviour.<sup>289</sup>

294. Then Chief of the Defence Force, General Angus Campbell AO DSC, noted this doctrine while giving evidence. General Campbell considered that tribalism is not a common practice in the whole organisation but agreed it is present in parts of the ADF.<sup>290</sup> In addition, the ADF has developed the Military Ethics and Character in the Profession of Arms doctrines to complement the culture doctrine.<sup>291</sup>

295. We discuss how the ADF can ensure this doctrine is translated into practice in section 7.2.

### **Joint Directive is positive first step, but more needs to be done to strengthen leadership accountability**

296. The Pathway to Change Review recommended the Culture Blueprint prioritise 'strengthening senior leader accountability' as a cultural focus area.<sup>292</sup> The Culture Blueprint emphasises the importance of leadership as a 'core component of evolving [Defence's] culture'. It states 'the Defence Senior Leadership Group is accountable for implementing actions required to positively shape culture'.<sup>293</sup> In addition, the Joint Directive on Accountabilities for Culture articulates the responsibilities of all personnel, including leaders, regarding Defence culture.<sup>294</sup> (See Box 7.5 for details.)

297. The Joint Directive is a positive step towards strengthening senior leaders' accountability for culture, but it is an incomplete mechanism. It is silent on how senior leaders will be held to account. Additionally, accompanying changes have not been made to commander selection/senior leadership promotions criteria or performance appraisal processes. As a result, it is unclear how the expectation of accountability for culture will be put into practice in a systemic way.

298. Similarly, the service chiefs' commitment statements all reference leadership but do not include changes to systemic accountability levers, such as leadership selection/promotion criteria or performance appraisal processes. Leadership accountability is discussed in section 7.3.2.

## Data-driven, outcomes-based targets are needed

299. The Culture Blueprint's strategic objectives are aspirational and enterprise-wide, and do not provide any goals or targets that articulate what success looks like in a quantifiable, measurable way. The same issues apply to the service chiefs' commitment statements. This perpetuates the problems identified in the Pathway to Change Review, which found:

- The Pathway to Change cultural intent and priorities were 'statements of aspiration', and there 'was no clear delineation between "what" change was being sought and "how" this was to be achieved'.
- 'There was no clear basis for measuring outcomes and monitoring progress' due to the lack of delineation between seeking and achieving change.<sup>295</sup>

300. The Pathway to Change Review also found that 'while the devolved implementation model had its benefits, the lack of overarching program structure created challenges in oversight and accountability'.<sup>296</sup> From October 2022, groups and services were required to report biannually on their cultural activities to Defence People Group.<sup>297</sup> However, the review found:

While this significantly increased the tracking and communication of progress and provided a necessary layer of enterprise-level oversight, it is not clear what proportion of cultural activities were actively driven by Pathway to Change, nor is it evident that the increase in reporting mechanisms substantially improved accountability for the implementation of Pathway to Change.<sup>298</sup>

301. Nous Group recommended Defence 'simplify measurement and reporting' under the Culture Blueprint, which was a 'lesson learnt' from the Pathway to Change Review:

For effective measurement of culture programs, Defence should prepare measurement and evaluation models from program logics that clarify the short- and long-term outcome indicators at the enterprise, group and service levels. Measures should be driven by the question: '*What change are we expecting to see?*' The indicators would be carefully selected – fewer, more focused on what matters most – to drive greater accountability for action and simplify data collation, analysis and reporting. Reporting mechanisms should be used to drive evidence-based decision making to direct future effort.<sup>299</sup>

302. Defence has confirmed it is developing indicators and measures under the Culture Blueprint, and baseline results were expected to be made available by mid-2024.<sup>300</sup> However, in the absence of outcomes-based targets, this approach will only measure change against the baseline. It will not assess whether intended outcomes are being achieved or provide clear signals when action is required.

303. In our March 2024 hearings, we asked senior Defence witnesses about setting outcomes-based targets for culture. The then Chief of Air Force, Air Marshal Robert Chipman AO CSC, agreed that outcomes-based performance measures would be ‘very useful’.<sup>301</sup> The Chief of Army, Lieutenant General Simon Stuart AO DSC, agreed that outcomes-based metrics are ‘important’, and transparency ‘is always a good thing’.<sup>302</sup> The then Chief of Navy, Vice Admiral Mark Hammond AO RAN, agreed with the Pathway to Change Review’s finding that measures should be founded ‘on the principle of what is the change you want to see’.<sup>303</sup> This is a welcome shift in approach.

304. We were particularly impressed by the support the Chief of Personnel, Lieutenant General Natasha Fox AM CSC, showed for an outcomes-based approach across areas relevant to culture, health and wellbeing. Lieutenant General Fox recognised this is a new approach for Defence and continual adjustment would be needed to get things right:

I believe systems need to learn and learning means that you might actually have to keep adjusting. So the one thing I do know is that we need to keep responding to our circumstances and change to meet the changing needs of our people.<sup>304</sup>

305. Lieutenant General Fox acknowledged Defence might need assistance here:

if you don’t measure what you’re doing, you don’t know if it’s working. We’ve measured a lot by access and even I measured a lot by participation and access, and I can take some of those as baseline measures now. But it’s about the effect that we have to understand and that is difficult and that’s where we probably need some support in terms of people who are much better at determining outcome measures, because everyone struggles with it.<sup>305</sup>

306. The Chief of Personnel confirmed outcomes-based measures for culture were ‘being developed’. She said she was ‘pushing’ for this approach ‘for all the work we’re doing and it’s taking a shift to do that’.<sup>306</sup> Similarly, the then Chief of the Defence Force, General Angus Campbell AO DSC, agreed that cultural measures cannot just focus on activities. General Campbell said work was underway with the Australian Human Rights Commission (the AHRC) to design the ‘measures and metrics that will go into the annual evaluation cycle’.<sup>307</sup>

307. Outcomes-based targets are critical to defining what success looks like, and to measuring whether cultural interventions are having the desired impact. They also signal an acknowledgement of areas that require significant reform. ADF leaders’ recognition of the importance of outcomes-based targets, and shift in their approach away from activity-based measurements, are positive steps. Clear targets and metrics are also an essential mechanism for holding senior Defence leaders, the Minister for Defence and the Minister for Defence Personnel to account.

308. At a minimum, targets should be developed for the following cultural priorities (see Recommendation 9):
- health, wellness and safety, focusing on psychosocial safety
  - unacceptable behaviour and sexual misconduct, focusing on removing barriers to reporting and improving complaints management
  - senior leadership accountability.
309. These priorities align with the focus areas recommended in the Pathway to Change Review, as well as risk and protective factors for suicide and suicidality. While gender inequality should also be prioritised, targets are already in place – the main issue is a lack of action to meet them, which is discussed in section 7.2.
310. Targets should focus on outcomes, not outputs. They should be time-bound and supported by data-driven metrics to enable objective measurements over time.
311. Specific targets should be developed for the ADF, noting the military operating environment is very different from the APS arm of Defence. It is essential that targets reflect the particular cultural challenges facing the ADF. They should not be watered down or expanded by trying to apply them across Defence. The ‘One Defence’ approach is important to establish overarching objectives. However, it must not undermine the need for specific targets and supporting actions tailored to the ADF’s unique workplace.

## **Report performance against ADF culture targets annually**

312. Defence has informed the Royal Commission it will produce an ‘annual culture report’, the first of which will be provided in the first quarter of 2024.<sup>308</sup> The Defence Committee will endorse these reports and they will be published for Defence personnel.<sup>309</sup>
313. Producing an annual culture report is a positive step. However, without clear targets and associated metrics, there is a significant risk it will become a list of activities rather than an accountability and learning tool. The report format adopted should follow the annual Women in the ADF reporting approach, which includes outcomes-based targets supported by data-driven metrics.
314. Given the unique ADF operating environment and its subcultures, the report should include service-level and ADF-wide results.
315. Given the significant relationship between ADF culture, Australia’s military capability and the risk factors for suicide and suicidality, the report is not only relevant to serving personnel. It is of national interest. The then Chief of the Defence Force, General Angus Campbell AO DSC, told this inquiry he was ‘very supportive’ of regular public reports on issues relating to member welfare and agreed ‘transparency and public reporting helps us to improve organisations’.<sup>310</sup> We consider the annual culture report to fall into that category.



## **Recommendation 9: Improve organisational culture and leadership accountability to increase member wellbeing and safety**

The Chief of the Defence Force, Australian Defence Force (ADF) service chiefs and the Chief of Personnel should agree on a suite of ADF culture targets, supported by data-driven metrics. Targets should be outcomes-based and time-bound. At a minimum, targets should be developed for the following cultural priorities:

- (a) safety, health and wellbeing, with a focus on psychosocial safety
- (b) unacceptable behaviour and sexual misconduct, with a focus on removing barriers to reporting and improving complaints management
- (c) senior leadership accountability.

The annual culture report should be publicly available and report on each service's progress against culture targets, as well as ADF-wide results.

## **Reimagining the military identity: A more nuanced understanding of loyalty, service and sacrifice**

316. It is clear that navigating the limits to loyalty, service and sacrifice is one of the most complex cultural challenges for the ADF. These norms are deeply ingrained, and seen as fundamental to building and sustaining military capability. Understanding and identifying the 'tipping point' between when these norms and behaviours go from fostering a cohesive and high-performing military to generating violence and abuse between members, undermining cohesion and capability, is complex and nuanced. As lived experience evidence and research demonstrates, these norms and behaviours are linked to risk factors for suicide and suicidality.
317. Academic experts suggested improvements to strengthen and 'round out' the current construction of military identity and what it means to be an effective sailor, soldier or aviator. Dr Zac Seidler told us:

[Currently] there's a closing down of one's identity when you join the military. There needs to be an understanding that there can be an intertwining of who you were and who you can be in future, rather than a stripping away. **I think that there has to be a really deep exploration in many ways of the fact that we don't need to create these warriors who are devoid of emotionality in many instances, and in fact there are benefits and the ADF has to understand what the benefits are, and they have to sell them and they have to believe them fundamentally as a culture.**<sup>311</sup>

318. Associate Professor Ben Wadham said:

I think a warrior is a very important part of being an effective soldier, an effective military defence personnel. I see it as ... the warrior having a greater ethos, one that isn't bound by tribalism and self-interest. ... So I think also we have another major divide ... which we call the culture gap, and that's between civil society and [the] military, so this has been growing since moving to a more voluntary force. Peter Cosgrove, back in the early 2000s, talked about compassion. And other commanders have talked about trust and respect. I don't see why these values are anathema to being an effective professional soldier. **If you are out there to engage in service, a lofty ideal, bring about world peace or help a developing country or a conflict zone that is trying to get back on its feet, then we should be in there ... we need a culture that is about respect and care and compassion for those people. There is no reason why that cannot be instilled in our early training** ... the two things aren't mutually exclusive. In a way, I think of it as lazy command and lazy leadership to allow a group of men particularly, or even a group of women, to start to wheel and turn on their own logic, so that having a simple other is the outcome. **Humans are more sophisticated ... developing a more nuanced sense of who we are in the world is not anathema to being a soldier and having to go into a combat environment.**<sup>312</sup>

319. Associate Professor James Connor believes:

historically we have looked at social cohesion as that binding force. Now we talk about task cohesion and task cohesion in the military sense is about being a professional soldier and bringing to bear all the capability that everyone in the team has so that you can achieve combat effectiveness. And capability in a military sense now and in the future is not what it used to be, and the old-school hypermasculine view of the ideal military soldier is a big, strong, boofy bloke who is willing to use lethal force and kill another human being, possibly in close combat. This is not what the future battle space will look like. The future battle space will require a diversity of skills, experiences and abilities that cross the gamut of gender and training and world view, not just your traditional ... and let's be blunt here about the ADF ... white bloke. Shifting towards this task cohesion, though, is a fundamental challenge to the entire cultural history of the ADF, which is about strong masculine men wrestling with other men for dominance. So if we can shift the way that the ADF sees capability to being one of diversity and inclusive of diversity ... because it will make you more capable in the future ... that is one way you can start to address these cultures of exclusion and instead move to cultures of inclusion which value diversity. **If we value diversity, that will help challenge some of these in-group out-group dynamics that we see, and also start to challenge the perception that you have to be the big strong bloke to be effective in the ADF.**<sup>313</sup>

320. These views signal the need for a more nuanced understanding of how values and behaviours that are central to military capability are applied in the contemporary ADF. This requires the ADF to explicitly address how members can be both tough and resilient, and emotionally intelligent and expressive. During our visit to New Zealand, we heard how the New Zealand Defence Force has evolved its Leadership Framework to include a greater focus on Māori culture. This emphasises the importance of showing vulnerability and humility as essential leadership behaviours that can co-exist with the traditional warrior mentality.
321. This nuance is necessary to address risks associated with suicide and suicidality, and to address broader organisational challenges. Recruitment and retention are among the primary issues the ADF must address. The ADF has recognised a positive workplace culture is a critical factor in increasing the number of people who want to join and remain in the ADF.<sup>314</sup>

## **Australian Human Rights Commission developed Defence Respect@Work Framework**

322. The 2020 Respect@Work National Inquiry into Sexual Harassment in Australian Workplaces 'proposed a comprehensive, proactive and people centred framework, with a heightened focus on prevention'. The AHRC's national framework aims to eliminate not only the individual behaviours that constitute sexual harassment, but also the 'root causes', or systemic drivers, that enable it. It consists of seven domains: Leadership; Knowledge; Risk management; Culture; Support; Reporting; and Monitoring, evaluation and transparency.<sup>315</sup>
323. The AHRC applied the Respect@Work Framework to Defence. The framework 'goes beyond sexual harassment to incorporate a range of unacceptable workplace behaviours, which share many of the same drivers and risk factors'.<sup>316</sup> The Enterprise Business Committee endorsed the framework in May 2023.<sup>317</sup>
324. It includes the following definitions of drivers of, and risk and protective factors against, unacceptable behaviour:

Drivers are systemic and structural 'root causes', which create an enabling context for unacceptable behaviour to occur in workplaces (combined with social conditions). Drivers shape, but are independent of, particular workplace settings.

Risk factors are contextually or institutionally specific risks which influence the prevalence, patterns and persistency of unacceptable behaviour. While they may not be the cause, they contribute to the likelihood of unacceptable behaviour occurring. Risk factors may affect the way unacceptable behaviours are experienced or perpetrated; whether they are reported; and the response to them and their impacts.

Protective factors are circumstances, characteristics, attributes or conditions of organisations, or persons that can decrease or moderate risk factors or their negative outcomes, and better promote respectful workplace behaviour.<sup>318</sup>

325. The AHRC said ‘drivers of unacceptable behaviour in Defence mirror those found in many other Australian workplaces’. These include:

- Power disparities – Power disparities underpin and enable unacceptable behaviour. Power advantages in Defence include seniority, being a high value worker, being part of the majority, popularity and being trusted.
- Gender inequality – Defence has and continues to be a traditionally male-dominated force, including in leadership positions, with an Anglo-Saxon history that prioritises stereotypically male traits.
- Lack of accountability – Lack of accountability is misuse of power and is often present in organisations with widespread unacceptable behaviour. Holding leaders to account to act on unacceptable behaviour reports and transparency are counteracting factors to creating cultures of impunity.
- Entitlement and exclusion – In Defence entitlement and exclusion largely arises from the lack of diversity and Defence being a workplace that was initially designed for men only.<sup>319</sup>

326. The AHRC analysed risk and protective factors in each of the framework’s seven domains noted above. These factors were based on ‘research into Defence culture and the experiences of Defence workers, derived from Defence–Commission collaboration projects (from 2017 to 2022) and external inquiries and research reports’.<sup>320</sup> The framework includes good practice examples and identified opportunities based on previous reviews and inquiries conducted as part of the Defence–AHRC collaboration.

327. Many of the risk and protective factors align with evidence before this Royal Commission about the relationship between ADF culture, unacceptable behaviour and sexual misconduct, suicide and suicidality. The framework does not explicitly refer to tribalism, but it does include some of its key features:

- Drivers of unacceptable behaviour include ‘power disparities’, with power advantages accruing to those who are ‘popular’ or ‘part of the majority’; and ‘entitlement and exclusion’, which largely arises from a ‘lack of diversity’.<sup>321</sup>
- Factors that discourage reporting of unacceptable behaviour include ‘military cultural norms that “you do not jack (or dob) on your mates”; that you “maintain solidarity at all costs”; and “have each other’s backs”; and “fear of victimisation from peers and supervisors, and of being ostracised and punished”’.<sup>322</sup>

328. In particular, the AHRC identified risk and protective factors related to the leadership and culture domains listed in Table 7.4.

**Table 7.4. Unacceptable behaviour risk and protective factors – leadership and culture**

Risk factors	Protective factors
Undesirable leadership behaviours, exacerbated by command-and-control structure	Increased diversity
Ineffective response from leadership to the management and reporting of unacceptable behaviours	Internal- and external-facing senior leadership commitment to cultural change
Rewarding of workers who do not display model values and behaviours	Leadership modelling of desired values and behaviours
Hierarchical organisation, with command-and-control structures	Middle and line management buy-in
Disproportionately low participation of diverse groups	Trust in and protection of subordinates as an inherent and important feature of command
Negative attitudes towards diversity and inclusion and cultural reform	Promotion criteria include demonstrated actions to reduce unacceptable behaviour
Male-dominated workforce and hyper-masculine ‘warrior’ culture	A unifying set of values and behaviours (for example, One Defence values and behaviours)
Large, complex organisation with multiple subcultures	Clearly articulated goals for diversity and inclusion
Normalisation of abuse or harmful deviant behaviour (for example, hazing and substance misuse)	Zero tolerance approach to unacceptable behaviour
High-pressure and high-risk environments	Strong bystander culture
Frequent postings and deployments	
Siloed approaches to implementation of cultural reform initiatives	

Source: Exhibit 90-06.034, Hearing Block 12, Australian Human Rights Commission, Defence Respect@Work Framework, June 2023, DEF.1356.0001.0796 at 0807 and 0824.

329. The framework includes the following statement regarding the actions required to change culture:

While culture includes a wide range of components, in relation to addressing unacceptable behaviour, the focus should be on creating a culture that counters the drivers of unacceptable behaviour – gender inequality, power disparity, lack of accountability, exclusion and entitlement. Actions can be taken to increase diversity; address power imbalances and other factors that prevent people from speaking up; and reward those who hold perpetrators to account.<sup>323</sup>

330. The framework also looks at identifying and addressing psychosocial risks:

Effective risk management requires a proactive approach that identifies the unacceptable behaviour risks relevant to Defence, assesses the nature, seriousness and likelihood of harm posed by those risks, and implements and

evaluates prevention and response controls. The approach should be aligned with work health and safety and comprehensively integrate psychosocial health risks, in a similar way to physical health risks.<sup>324</sup>

331. Protective factors include ‘a robust safety culture, with comprehensive work health and safety systems and processes’, and a ‘positive onus on all employees to prevent harmful behaviours’.<sup>325</sup>

## **Defence still waiting to implement the Respect@Work Framework**

332. The AHRC submitted the Framework to the Enterprise Business Committee in May 2023. It encouraged Defence to ‘continue to identify emerging risk and protective factors’, and noted ‘some but not all protective factors are present in Defence’. The AHRC offered to ‘work with Defence to develop an implementation plan to enhance existing protective factors and create preconditions for others to exist’.<sup>326</sup>
333. Defence planned to deliver the following actions from the fourth quarter of 2023:
- Deliver Respect@Work legislation seminars across Defence to build awareness on the positive duty obligation and Defence’s framework for reducing bullying, harassment, and workplace discrimination.
  - Deliver the Defence Respect@Work Framework recommendations across the Defence Enterprise to ensure all personnel operate in a harassment-free, gender-equal and inclusive workplace and meet legislative obligations.<sup>327</sup>
334. We requested the implementation plan for the Defence Respect@Work Framework. However, the only documents produced were communication products and a document titled ‘Stocktake, Gap Analysis and Implementation Plan’ dated 31 January 2024. This recommended Defence wait until we had handed down our recommendations prior to the Implementation Plan being ‘pushed out’.<sup>328</sup>
335. During the procedural fairness process, Defence informed us the Stocktake, Gap Analysis and Implementation Plan was an internal draft working document, and that it has ‘commenced implementation of the Respect@Work Framework and will adjust, as necessary’ when this Royal Commission delivers its report. However, the only actions listed were the service-specific culture strategies and commitment statements under the Culture Blueprint, and existing initiatives that align with the Framework.<sup>329</sup> We remain concerned the Framework’s implementation may consist of existing initiatives that are ‘repackaged’ as implementation actions, rather than being seen as an opportunity for deep and critical reflection and actions aimed at cultural change.
336. The framework is an excellent starting point to address many of the cultural challenges in the ADF. By strengthening protective factors, mitigating risk factors and addressing the underlying cultural drivers of unacceptable behaviour and sexual misconduct, the ADF will be a stronger, more capable military organisation. This requires deep interrogation of current practices, concrete actions and a strong commitment to change.



337. Each service should develop a tailored implementation plan to put the Respect@Work Framework into practice, to ensure specific workplace contexts are taken into account. This cannot be a one-size-fits-all whole-of-Defence exercise. It requires a frank and fearless assessment of the extent to which each of the risk and protective factors are present in the services, and how the underlying drivers are influencing behaviours. This will require each service to engage with the invisible elements of ADF culture and develop concrete meaningful actions to achieve long-term change.
338. The usual practice is for these types of plans to be approved by the Chiefs of Services Committee or the Chief of the Defence Force. However, given the seriousness of the evidence, and the connection between culture and suicide and suicidality, it is imperative that ministers have oversight and accountability for these action plans. Ultimately, the Minister for Defence and Minister for Defence Personnel are responsible for ensuring ADF members have a safe and respectful working environment in which they can thrive.

### **Recommendation 10: Develop service-specific action plans to implement the Defence Respect@Work Framework**

The Australian Human Rights Commission should undertake an independent assessment of the extent to which underlying drivers, risk and protective factors in the Defence Respect@Work Framework are present in each service, and recommend actions to address gaps and known risks.

Following these recommendations, Navy, Army and Air Force should develop service-specific action plans for the Defence Respect@Work Framework, including implementation timeframes, to be approved by the Minister for Defence and the Minister for Defence Personnel.

## **7.3 Leadership culture and accountability**

339. Just as each member's experience of culture is unique, so too are the skills and behaviours demonstrated by individual leaders. Throughout our inquiry, we have met many caring, professional and highly competent ADF leaders. However, we have also heard experiences that demonstrate significant gaps in leadership competencies. The ADF itself has identified clear areas for improvement. The following section focuses on the systemic issues we have identified relating to ADF leadership culture.

### **7.3.1 Leadership culture in the ADF**

340. ADF leaders influence, and are influenced by, the broader organisational culture. Within the broader culture, specific beliefs, practices, patterns and behaviours characterise leaders – referred to as 'leadership culture'.

341. We recognise the ADF is a unique work environment that requires specific leadership styles and skills, and involves difficult and dangerous work. It is an environment that spans day-to-day operations through to combat deployment. The ADF 'demands personal sacrifice and often personal risk from its members, well beyond that ever asked of most citizens'.<sup>330</sup>

## **ADF leadership philosophy – the theory**

342. The ADF has complementary leadership doctrines that provide philosophical and practical guidance to its leaders. Each doctrine codifies ADF thinking in a particular area. These include doctrines on Leadership, Command, Character in the Profession of Arms, and Military Ethics.

343. The ADF defines leadership as:

the spirit that develops people, builds teams and gets results. It is an interplay of emotions, feelings, attitudes and values. It involves being able to understand what followers need, being able to predict how they will react, and inspiring them towards achieving a common goal. We define it as the art of positively influencing others to get the job done.<sup>331</sup>

344. The ADF Leadership doctrine 'provides a foundation for understanding leadership and a guide for leader training and development'. It is based on 'a distillation of ideas and principles pertinent to leadership in the military that have endured through history'.<sup>332</sup>

345. The doctrine says effective leadership is a mix of character, professional competence and human understanding.<sup>333</sup> It sets out 10 leadership principles:

- (1) Know yourself and seek self-improvement.
- (2) Be proficient.
- (3) Seek and accept responsibility.
- (4) Lead by example.
- (5) Provide direction and keep your team informed.
- (6) Know and care for your subordinates.
- (7) Develop the potential of your subordinates.
- (8) Make sound and timely decisions.
- (9) Build the team and challenge its abilities.
- (10) Communicate effectively.<sup>334</sup>

346. The primary focus of the ADF Command doctrine is 'how to think about command', based on the following 'five elements that constitute the nature of command':

responsibility, authority, decision-making, leadership and accountability. Three of these elements are what the commander has; responsibility, authority and accountability. The remaining two are the essence of what a commander does: makes decisions and leads.<sup>335</sup>

347. The ADF's Character in the Profession of Arms doctrine 'articulates the ADF's approach to character in the context of the development of ethical leaders'. It is 'the principal text on character and character development in the ADF'.<sup>336</sup> The ADF Military Ethics doctrine distils 'ethical concepts and their application and relevance to the ADF'.<sup>337</sup>
348. Clearly, a strong theoretical and philosophical basis guides leadership in the ADF. Defence also has the Centre for Defence Leadership and Ethics, a dedicated body that specialises in 'providing advice, education, and research to enhance command, leadership, and ethics'.<sup>338</sup> However, the strength and quality of leadership is defined by how it is applied in practice.

## **ADF leadership styles and behaviours – the practice**

349. ADF leaders often face wide-ranging and complex demands, and must make decisions that have life or death consequences for those under their command. ADF leaders are granted significant power and authority, which is underpinned by legislation. The legislative offences of insubordinate conduct against a superior officer and disobeying a lawful command of a superior officer reinforce the primacy of command and control within the ADF.<sup>339</sup>

## **The hierarchical nature of the ADF directly influences leadership styles**

350. The hierarchical command-and-control structure is fundamental to military organisations. However, it also encourages behaviours that can undermine cultural change and the associated benefits to member health, safety and wellbeing.
351. Defence research to inform its 2023 Culture Blueprint emphasised the influence of the ADF's organisational structure on leadership styles:

The leadership style of an individual dictates a large part of their individual performance. From an enterprise perspective, leadership styles are developed through organisational structure and are harder to shift. The research in this area heavily revolves around the concepts of transactional and transformational leadership.

Defence, traditionally, has operated on a strict transactional structure where relationships and communication is viewed solely as an exchange, compliance is an unspoken core value and rewards and incentives often revolve around pay and promotions. Although this style of leadership has functioned well in the past, transactional styles of leadership are designed for a short-term basis and will ultimately not mature with the culture of the organisation.<sup>340</sup>

352. 'Transactional leadership' has the following characteristics:

- Rank and title are key sources of power
- Compliance culture
- Rewards through salary and promotion
- Success focus on evaluation.<sup>341</sup>

353. By contrast, 'transformational leadership' includes the following characteristics:

- Character and competence are key sources of power
- Rewards through pride and self-esteem
- Success focus on development.<sup>342</sup>

354. The research said adopting a transformational leadership style was important to achieving long-term change, but it often runs counter to the hierarchical nature of the ADF and Defence:

Transformational leadership proposes a style that is designed for long-term and constantly changing organisations. This style of leadership endorses a 'growth mindset', valuing development as an indicator of success, rewarding staff through gratitude and pride and investing in competence and character to be high performing leaders.

This method contradicts some of the key characteristics of traditional Defence leadership, challenging the concept of hierarchy and rank that is fundamental to how Defence is structured. Understanding how the key strengths of a transformational leadership approach can operate in the current Defence environment will be pivotal to strengthening the leadership skills of not only those in positions of power (in senior leadership roles) but also those in junior ranks who are the future leaders of Defence.<sup>343</sup>

## **Evaluations confirm the need to change from compliance to transformational leadership culture**

355. Defence's evaluations of service culture have revealed elements of 'transactional leadership' styles and the value placed on compliance. For example, an evaluation of the Army's Good Soldiering cultural initiative found:

Army has a reputation for a strong task focus and for getting the job done in ways that are tried and true, but not in ways that are innovative. This is said to be tied to a lack of reward for risk (risk to career progression, risks in the field).<sup>344</sup>

356. The 2021 report on the Navy Organisational Culture Inventory described its operating culture as:

- Oppositional (Aggressive/Defensive), which involves expectations for opposing the ideas of others, pointing out flaws, and making 'safe' decisions.
- Avoidance (Passive/Defensive), which involves expectations for being non-committal, never being blamed for mistakes, and staying out of trouble.<sup>345</sup>

357. The Navy's analysis of the results highlighted the impact of this culture on the junior ranks:

The junior group is living a highly defensive experience, where they are at best, highly compliant, under a controlled system and being seen to get things right at any cost, and at worst, simply hiding and surviving.<sup>346</sup>

358. A 360-degree assessment of Defence Senior Leadership Group (which included both ADF and Defence Australian Public Service (APS) leaders) undertaken in 2021 'bottom ranked' the following behaviours:

- Develops and maintains an awareness of how own behaviour impacts on others.
- Develops and openly communicates an awareness of own strengths and development needs.
- Provides others with constructive feedback and guidance to support their performance.
- Spends time critically analysing own performance.
- Adjusts approach to interact successfully with a diverse range of others.
- Manages disagreements with tact and diplomacy.<sup>347</sup>

359. The report said the overall theme of these six behaviours 'appears to relate to difficulty with understanding and reflecting on own and others' behaviours, and constructively engaging with others on feedback and difficult issues'.<sup>348</sup>

360. Taken together, these evaluation results demonstrate how a compliance culture can influence leadership behaviours. It can mean asking questions or taking risks is not generally encouraged or rewarded. Neither is naming and owning problems that don't have a clear and ready solution. However, these behaviours are central to continuous improvement, particularly in the context of long-term cultural reform.

## **Transformational leadership is needed to foster a continuous improvement culture**

361. As the Defence research noted, transformational leadership supports long-term organisational change. Defence has explicitly committed to a continuous improvement culture, which we consider to be critical to identifying and managing risks associated with suicide and suicidality and achieving meaningful cultural change. The *Afghanistan Inquiry Reform Plan* also emphasised the need for a:

**Continuous improvement culture.** The Afghanistan Inquiry findings reinforce the importance of a continuous improvement culture underpinned by accountability, curiosity, appropriate risk management, and an environment which encourages contestability of decision making and welcomes feedback. This requires a different perspective on failure and other sub-optimal outcomes, namely, organisational interests being best served through discovery, reporting and correction.<sup>349</sup>

362. As highlighted above, Defence's own evaluations have shown some of these leadership characteristics to be lacking.

363. The 2020 *Lead the Way: Defence Transformation Strategy* stated a 'culture of continuous improvement in Defence' will 'be delivered through three key elements':

- values and behaviours
- clear accountability
- data-informed decisions.<sup>350</sup>

364. We now examine the extent to which ADF leadership culture has reflected these elements.

## **Pathway to Change data was not requested by Army, Navy or Air Force leaders**

365. The then Chief of the Defence Force, General Angus Campbell AO DSC, described the Pathway to Change dashboards as:

A measurement model that will define indicators and metrics against each Pathway to Change pillar using behavioural measures, and use a percentage change statistic as the performance measure ... The dashboard will provide me, and all Defence leaders, with access to measurable data to monitor progress against Pathway to Change and identify where further effort or remediation is needed.<sup>351</sup>

366. The dashboards were 'designed to measure change against the six priorities of Pathway to Change 2017–2022, using consistent indicators that provide a reliable evidence-base'.<sup>352</sup> Dashboards can be filtered based on service and group, gender and rank.<sup>353</sup>



367. We requested a copy of ‘all tailored reports prepared as a result of the Pathway to Change Dashboard’.<sup>354</sup> Defence produced six reports but five were for Defence APS groups<sup>355</sup> and only one – Joint Operations Command – was within the ADF.<sup>356</sup>
368. It did not produce tailored dashboard reports for the Navy, Army or Air Force.
369. The Pathway to Change program originated from multiple inquiries and reviews into ADF culture specifically. It is therefore extraordinary that no one in Defence requested or produced a tailored report for the Navy, Army or Air Force to determine what change, if any, had occurred, or to inform actions under the 2023 Culture Blueprint. This is inconsistent with a continuous improvement culture.
370. Defence submitted that Pathway to Change dashboards are ‘not the sole source of data on culture considered by senior leaders’, as they also receive ‘workplace experience’ reports as part of the annual survey cycle.<sup>357</sup> However, the Pathway to Change Review specifically noted these reports were not designed to track progress against the Pathway to Change priorities.<sup>358</sup> They are, therefore, not a substitute for the dashboards, which provide detailed analysis specific to Pathway to Change.

## **Defence has identified a range of leadership issues, including inconsistent modelling of values and behaviours**

371. The Afghanistan Inquiry Reform Program included an action to deliver the ‘Defence Leadership Continuum with a set of attributes ADF leaders need to refine over their career to prioritise well-rounded good leadership’.<sup>359</sup>
372. In addition, the Chief of the Defence Force announced his aspiration for ‘the ADF, and Defence more broadly, [to be] recognised as Australia’s preeminent leadership development institution’. In response, Defence established ‘Project Connect’, which included a gap analysis to identify ‘Defence’s strengths and areas for improvement’.<sup>360</sup> This exercise identified a wide range of areas for improvement, which are set out in Box 7.4.
373. The ‘Project Connect’ final report found changes were needed to leadership development education, as well as leadership selection, promotion and accountability systems:

Experience has shown that there are some enduring human behavioural risks that arise in the highly challenging environment of military service, and that have repeatedly manifested in unacceptable behaviour incidents. To guard against this risk, Defence leaders must be exemplary, curious and proactive in managing their people and organisational culture, such that the organisation becomes self-correcting. This requires greater emphasis to be placed on these attributes in Defence’s leadership development system, and in the people management systems for selections, recognition, and accountability.<sup>361</sup>

### Box 7.4 Areas for improvement in Defence leadership

The prioritisation of leadership development is inconsistent across the ADF, especially in technical and direct-entry professional streams and lateral transfers.<sup>362</sup>

Some leaders' role modelling of leadership behaviours has been inconsistent with Defence values.<sup>363</sup>

Technical mastery is prioritised over leading teams.<sup>364</sup>

Leadership application across teams is inconsistent, with little on-the-job training encouraged outside 'tick in the box' training.<sup>365</sup>

Responses to instances of poor leadership are not transparent, giving the impression that poor leadership is not corrected.<sup>366</sup>

Defence's standing in the community has suffered because of a series of incidents, and the resulting inquiries have identified leadership-related failings.<sup>367</sup>

Leadership assurance is not conducted in some siloed areas.<sup>368</sup>

Diagnostics to evaluate the effectiveness of leadership development and performance are limited in practice.<sup>369</sup>

'Standard' leadership capabilities are not defined for each level of ADF leadership education and training beyond *ab initio* training. There is no defined nexus between the exit capability developed in one level of ADF leadership education and training and the entry capability expected at the next level. The result is a disjointed leadership development system, creating duplications, gaps and inconsistencies in ADF members' development.<sup>370</sup>

Personnel recruitment, selection and talent management decisions are not informed by a common definition of leadership attributes.<sup>371</sup>

374. The report found that:

A defined continuum of leadership development is necessary to integrate One Defence Values, ADF-P-0 ADF Leadership doctrine, and other Social Mastery philosophical doctrines into a common foundation. This will provide a unified reference to guide the Systems Approach to Defence Learning processes followed across Defence, and will inform mandatory initial entry and promotion-based training for ADF members, as well as non-mandatory training opportunities for both ADF and APS personnel in Defence.<sup>372</sup>

375. The final report concluded:

in order to address current and potential future strategic requirements, which require enhanced preparedness and integrated operational capacity, and to mitigate the human behavioural risks associated with the challenges of military service, Defence's approach to leadership development must be reformed.<sup>373</sup>

376. A 'reform roadmap' identified eight 'high-priority initiatives' to implement from late 2023 or early 2024 onwards, including:

- Explicitly mandate leadership development as a core capability for all ADF people.
- Integrate the Defence Leadership Continuum into service and group leadership development programs, applying the Systems Approach to Defence Learning (that is, the evaluation framework for education and training courses).
- Incorporate social mastery (including leadership) into new ADF personnel performance reporting.<sup>374</sup>

377. While it is concerning that such a wide range of leadership issues were identified, we commend Defence for conducting such a thorough and honest assessment of what needs improving and putting in place systemic responses. This is a critical step to realising a continuous improvement culture.

378. In addition, in May 2024, the Chiefs of Services Committee endorsed the Defence Leadership Framework (see Figure 7.2) for submission to the Defence People Committee and Enterprise Business Committee later in 2024.

**Figure 7.2 Proposed Defence Leadership Framework**



Source: Exhibit II-01.007, Department of Defence, COSC 2024/923 – Defence Leadership Framework, DEF.1418.0002.0082 at 0086.

379. It is positive that the Chief of Personnel, the executive sponsor for the Framework, noted the ADF's unique operating environment must be considered when applying a 'whole-of-enterprise approach' to leadership in Defence:

While the leadership attributes are the same for both ADF and APS leaders, the application of those attributes, through the demonstration of leadership behaviours, will be dependent on, and sometimes specific to, the unique contexts and environments of the ADF or APS workforces.<sup>375</sup>

380. However, it is yet to be seen whether this reform program will result in the necessary shifts in leadership behaviours. Specifically, shifts will be needed to ensure that transformational leadership becomes the dominant style in the ADF. Evaluations should be ongoing to identify areas for improvement.

### 7.3.2 Leadership accountability for culture, health and wellbeing

381. The ADF has subcultures that can be based on trade or occupational groupings, as we noted in section 7.1. It is therefore important to focus on 'the culture that emerges in small groups'.<sup>376</sup> The then Chief of the Defence Force, General Angus Campbell AO DSC, emphasised the role of unit leadership in influencing its culture:

But I would just note, command is a function. It can be held at a range of levels, starting at a junior non-commissioned officer level and rising up through the officer levels. So if someone were to mention to me a patrol commander, that might be a corporal, it might be a sergeant, it might be a lieutenant, but they have command. But you are correct in saying that the person with command authority has more both authority and appointment influence in driving cultural effects.<sup>377</sup>

382. Expert witnesses agreed leaders at all levels, particularly immediate supervisors, play a critical role in shaping culture and implementing cultural change. The Hon Leonard (Len) Roberts-Smith RFD QC, former Defence Abuse Response Taskforce Chair, explained:

the basic unit, as I think the Commission has heard already, is the regiment or the battalion headed by a commanding officer who is a Lieutenant Colonel, and the equivalent in the Army, in the Navy and Air Force, so that is your basic unit. And in most cases, that's the group which will be the new soldier – and I will talk about soldiers just for the moment but I include the other services – that's the group with whom the soldier, the new soldier, identifies, and the Commanding Officer, the Lieutenant Colonel, is god. He or she is the most senior officer that the soldier will know. The people that the soldier will be dealing with every hour of the day will be the lance corporal and the corporal, and they will be exercising all the power of the commanding officer, in the view of the soldier. The soldier may deal with the sergeant in a platoon context. He or she would do that, for example, but, still, his immediate superior will be the lance corporal and the corporal, or their equivalents. Beyond that, you then have the senior NCO [non-commissioned officer] structure, the senior sergeants and the warrant officers up to WO1

[warrant officer class one]. These are the people with whom soldiers, sailors and airmen and women engage with on a daily basis, and that is who they are going to be learning their culture from.

They are the people who are going to be defining the culture by how they treat their subordinates and how they treat each other and how they respond to or refer to senior officers. The actual officers, people do have some engagement with, certainly at the platoon commander level and equivalent; beyond that, probably not so much.<sup>378</sup>

383. Associate Professor Ben Wadham noted one problem he sees is that the work done 'at command level in Canberra ... doesn't trickle down to local units because of local cultures that inhibit the messages and the processes and practices coming through'.<sup>379</sup> This was echoed in evidence about implementing cultural reforms relating to the treatment of women. The former Sex Discrimination Commissioner, Ms Elizabeth Broderick AO, said:

I think it's clear that the case for cultural reform was much better understood by those who lead, so the more senior leaders of the ADF, they really understood that. Whereas as it came down the ranks, it was less and less well understood.<sup>380</sup>

384. Ms Alexandra Shehadie, who assisted in the 2012 Review into the Treatment of Women at the Australian Defence Force Academy, said:

We did find challenges in middle management as well, so maybe above the lower ranks, which we call the keepers of the culture. So if you had a middle manager who didn't believe in gender equality or didn't take reports seriously, then that person's views would definitely trickle down to the lower ranks.<sup>381</sup>

385. The importance of immediate supervisors in affecting cultural change has been recognised in Defence's own research and consultations. It confirmed that middle management often has the most influence 'on the daily experience and attitudes of the workforce'.<sup>382</sup>

386. Leadership accountability for culture at the unit level is therefore essential.

## **ADF expectations of leadership accountability**

387. The ADF's philosophical doctrines set out expectations and competencies for its leaders, including explicit accountability for their team's culture, health and wellbeing. In some cases, these doctrines note the challenges and tensions that can arise in a military context.

388. The ADF Leadership doctrine states:

As a leader, you are responsible for the culture of your team. It is a reflection of you. Sometimes this will require you to make some tough decisions. But never be in any doubt instilling a values-driven culture is your responsibility.<sup>383</sup>

389. It suggests actions leaders should take:

It is not sufficient to just tell people you care for their well-being. You need to demonstrate it by your actions ... Being concerned for subordinates' domestic circumstances, living conditions and work environment shows that you care about them as people. Discussing personal ambitions and providing opportunities for personal development shows you care about them as professionals.<sup>384</sup>

390. It also talks about the importance of self-care in looking after your team:

On operations where tasks are continual, there can be immense demand on physical and mental stamina. You need to manage the pace of your team, and of yourself. Provide rest when you can and take every opportunity to have a brew and relax. You need to keep a look out for signs of fatigue. It will affect individuals in different ways: irritability, break down in discipline, neglect of equipment maintenance, overall reduction in standards and efficiency. You are best placed to know your team's capabilities and identify early warning signs. You will be the best judge of that critical point when your team can do no more.<sup>385</sup>

391. The ADF Command doctrine, released in January 2024 states command responsibilities include:

mission accomplishment; the health, welfare, safety, morale and discipline of subordinates; the use and maintenance of resources; and the conduct of operations in a lawful and ethical manner. In most cases, these responsibilities do not conflict. However, the responsibility for mission accomplishment sometimes conflicts with the responsibility for subordinates or the stewardship of resources.<sup>386</sup>

392. It talks about the example leaders must set:

Military operations take a toll on the moral, physical and mental stamina of the people under your command. Experience, interpersonal relationships and the environment all influence the way people respond to operations. You need to account for these factors when motivating your team to accomplish tasks in the face of danger and hardship. Setting a good personal example is critical to effective leadership.<sup>387</sup>

393. As part of the Culture Blueprint, the Secretary and the Chief of the Defence Force issued a Joint Directive on Accountabilities for Culture (see Box 7.5). The Joint Directive sets out what all managers and commanders are accountable for.



## **Box 7.5 Joint Directive on Accountabilities for Culture**

Upholding, adhering to, and actively modelling the Defence Values and Behaviours and being individually committed to modelling and strengthening values-based action at work.

Proactively influencing and setting cultural expectations, in alignment with their Group Head and Service Chief Culture Commitments and in accordance with the Defence Values and Behaviours.

Holding personnel under their command or management responsible for shaping a culture that drives two key outcomes: the performance of our organisation in delivering our mission; and ensuring our people have a positive workplace experience.

Contributing to culture actions outlined in their Group or Service, or the Culture Enterprise Action Plan to positively shape culture at all levels, including, but not limited, First Nations, diversity and inclusion, mental health and wellbeing, unacceptable behaviour and military justice reform.

Promoting, and ensuring personal compliance with, work health and safety policies, procedures and best practices while communicating and managing safety matters commensurate with their position. In doing so provide adequate resources and consultation for safety management to persons they supervise, ensuring a safe work environment.

Demonstrating behaviours and practices that promote mental health and wellbeing policies, procedures and supports which empower their people to optimise mental health and wellbeing.

Taking all reasonable practicable actions to prevent unacceptable behaviour in the workplace. Educate, recognise, respond and take action on all unacceptable behaviour incidents and be accountable for these actions recognising the impacts on workplace culture.

Taking appropriate action when instances of culture failure or risk are made known in accordance with relevant Defence policy and procedures, and when positive culture indicators are identified.

Making accurate and timely reporting of information and incidents that contribute to culture reporting.

Promoting and communicating culture actions and information, including participation in workplace surveys, to support awareness and uptake across respective areas.

Taking appropriate action when instances of culture failure or risk are made known to them in accordance with relevant Defence policy and procedures.

Supporting individuals who have experienced unacceptable behaviour or culture failure in accordance with relevant Defence policy and procedures.<sup>388</sup>

394. The Defence Culture Leadership Companion is designed to support the Culture Blueprint and 'bridge from strategy to implementation'.<sup>389</sup> It includes example questions for leaders to ask themselves about team wellbeing, including:

'Do I know the state of wellbeing for each team member and do I address any changes in their wellbeing proactively?'

'How much pressure do I place on performance versus wellbeing and is this appropriately balanced?'<sup>390</sup>

395. While these documents set clear expectations about each leader's accountability for their team's culture, health and wellbeing, they need to be considered in the context of other systemic levers and enablers. Philosophical doctrines and directives are important ways of explicitly stating what leaders are accountable for, but in and of themselves will not guarantee these accountabilities are fulfilled. Defence itself has recognised that performance reporting and appraisals provide 'a very powerful motivator for the right behaviours, as well as supporting the selection of the right people for higher leadership roles'.<sup>391</sup>

396. It is therefore important to ask:

- Do leaders have the support they need to fulfil their accountabilities and navigate known challenges?
- How are these accountabilities measured and reported?
- Do performance appraisal and promotions processes reward good performance and hold leaders to account when accountabilities aren't met?

397. These questions are explored in the following section.

## **ADF leadership accountability in practice**

398. None of the doctrines outlined in this section provide detailed guidance to leaders on how to balance members' health and wellbeing with operational readiness. As discussed in section 7.1, a range of systemic and organisational factors impact members' health and wellbeing. These include cultural norms and expectations, military capability requirements and career implications.

## **ADF leaders do not have what they need to support their teams to thrive**

399. Discussions in 2023 between the Centre for Defence Leadership and Ethics and the Director General of the Defence Mental Health and Wellbeing branch:

revealed that ... Defence's leaders are not yet fully supported with the policies, procedures, resources, and training required to support their people to thrive, provide direct initial care of their people facing challenges, and subsequently refer their people to support pathways.<sup>392</sup>

400. To address this, the centre proposed a reform initiative to 'provide Defence leaders at all levels with a framework, including policy and training, to enable them to better care for their people'.<sup>393</sup> However, the centre did not include it in the list of priority reform initiatives to be implemented in 2023, with implementation scheduled to take place from January 2024 to June 2025.<sup>394</sup> This timeline assumed 'full and timely attainment of all required resources and enablers'; however, it gave no indication of what these are or any barriers that may need to be overcome.<sup>395</sup>
401. Defence told us the start date of January 2024 would allow the Defence Leadership Continuum to be 'endorsed and promulgated'. This would provide the 'policy foundation on which recognition of mental health and wellbeing as a core leadership responsibility could be built'. Defence also said the proposed reform initiative to support Defence leaders 'has been rolled into the new Defence Leadership Framework, which integrates care for people as a core element of the inclusive leadership expected of all Defence personnel'.<sup>396</sup>
402. While this is a positive step, it is unclear how it will address the identified gaps in support so that leaders can provide direct initial care and refer people to support pathways. Ongoing scrutiny of this reform initiative is needed to ensure it addresses the gap identified by the Centre for Defence Leadership and Ethics and the Director General of the Mental Health and Wellbeing branch.

### **Senior officer appraisal lacks quantifiable measures for culture and wellbeing**

403. The then Chief of the Defence Force, General Angus Campbell AO DSC, acknowledged the need for the ADF 'to do more' in terms of monitoring culture at the unit or team level, to ensure cultural aspirations are applied in practice:

My point about concern, 'we must do more here', is that we can have a central aspiration of culture expressed through values and behaviours and a Pathway to Change strategy and we can update the strategy. We can be incredibly attentive to seeking to select the right people to command, to be standard bearers of culture. We can promote all the way through the organisation through command visits and through gathering together of key junior leaders; the point that always is the one that concerns me about culture is – culture is what is happening when no one else is looking.

What is happening when, in an organisation that is as widely diverse and as widely dispersed and as large as Defence is, at the most junior levels and at every level in between and in very far-flung places. So it is the culture that emerges in small groups. Is there bullying, is there sexual misconduct and so on and so forth? Is there inappropriate behaviour? This is what I would describe as the question – are the micro-cultures right for the culture institutionally that we want? And when the micro-cultures are right, you have the culture you want. And that's the part that always concerns me about whether we are confident enough in our monitoring and, hence, in the direction we drive culture.<sup>397</sup>

404. ADF and Defence witnesses gave evidence that commanders and leaders are accountable for their team or unit's culture through performance agreements and KPIs.<sup>398</sup> Defence provided the following information about the relationship between leadership accountability for culture and performance appraisals:

All leaders are accountable for culture at their local levels, including contributing to formal culture actions/initiatives and shaping a positive working environment. Senior leader accountabilities are specified in the Joint Directive. Accountability for leaders at lower levels will be exercised through the annual performance appraisal system conducted through existing supervisory chains and the chain of command. Group Heads and Service Chiefs are responsible for ensuring the appropriate and effective use of the performance appraisal systems within their area.<sup>399</sup>

405. One of the initiatives under the Afghanistan Inquiry Reform Program was to:

Update ADF/APS annual performance reporting processes to embed Defence Values and Behaviours and to recognise and reward those displaying these values and behaviours (including giving frank and fearless advice, being sufficiently connected/curious and displaying a learning mindset).<sup>400</sup>

406. The ADF updated its *Senior Officer Appraisal and Development Report* to include:

Objective 1 – Demonstrate the Defence Values and Behaviours in both word and action. Lead and manage in accordance with Defence Values and Behaviours. Create and lead a workplace culture within your span of control that is based on accountability and behaviours consistent with Defence Values.

Objective 2 – Lead contribution to the key reform programs of Defence; provide high-quality and responsive support to the Ministers' offices and senior committees in support of the CDF [Chief of the Defence Force] and Secretary; and demonstrate commitment consistent with the cultural change, diversity requirements and WHS legislative duties expected of Senior Officers of the ADF.<sup>401</sup>

407. The form for recording whether these and other objectives have been achieved includes a free-text box that can be used to indicate 'whether they were achieved, how well they were achieved, and the timeliness of their achievement'. The accompanying narrative describes how objectives are achieved. It says achievements 'must cover, at a minimum, performance in the areas of social and political acumen, applied intelligence, personal style and approach, and leadership'.<sup>402</sup> Subjective observations about performance against these objectives are important. But the assessment does not include objective data (for example, from anonymous workforce surveys) to validate the observations or indicate what is happening 'when no one else is looking'.

408. The report is used to assess the performance of all ADF senior officers ranked O-6 (Colonel and equivalent) to O-8 (Major General and equivalent) annually. Its purpose is to:

provide frank and constructive feedback to senior ADF officers concerning their performance, developmental needs and potential, and to ultimately provide the Chief of the Defence Force (CDF) and the respective Service Chiefs with information to assess the officer's suitability for the more senior appointments.<sup>403</sup>

409. However, the report does not use quantifiable measures or associated targets to assess whether objectives have been met. By contrast, the APS Senior Executive Service (SES) Performance Agreement specifies that 'Key Expected Results' (the equivalent of objectives) are 'to be realistic, measurable, and achievable'.<sup>404</sup>
410. Service chiefs gave evidence on how each service used workforce survey data, but none have formal mechanisms linking survey results to command accountability or performance appraisals:
- The then Chief of Army, Lieutenant General Rick Burr AO DSC MVO, said it was up to individual leaders to 'deepen their understanding' of why levels of particular unacceptable behaviour may be occurring and 'seek to address it through their own approach'.<sup>405</sup>
  - The then Chief of Navy, Vice Admiral Michael Noonan AO RAN, said the Navy used workforce survey results to 'understand what is working well and expand that across Navy' or alternatively, when things aren't working well there is a need to 'drill down' to understand why. He conceded it would be 'a long bow' to suggest there are adverse consequences for leaders that arise from poor culture at the unit level.<sup>406</sup>
  - The then Chief of Air Force, Air Marshal Mel Hupfeld AO DSC, confirmed that survey data was used to identify potential 'hotspots'.<sup>407</sup>
411. The Deputy Secretary of the Defence People Group, Ms Justine Greig PSM, conceded that feedback loops and holding leaders to account in response to workforce survey results are areas that need improving.<sup>408</sup> We completely agree. The *Senior Officer Appraisal and Development Report* does not have KPIs as they are commonly defined and understood. It has no measurable or data-driven indicators to assess performance against accountabilities for culture, health and wellbeing, and objectives are not expressed as clear measurable targets.

## No 'upward feedback' in performance appraisals

412. A key difference between ADF and APS senior leadership performance appraisal relates to the use of 'upward feedback', or 360-degree feedback, which is defined as:

Senior Leader facilitates a conversation with their employee's direct reports to receive constructive feedback on their employee's leadership behaviours and in particular their people management skills. This is followed by the Senior Leader having a summary conversation with their employee on the feedback received.<sup>409</sup>

413. The Defence People Group's Upward Feedback Conversation Guide says:

Upward feedback is designed to provide real performance feedback to the first level supervisor on their people management practices, to inform their ongoing development and improve their performance. Upward feedback provides second level supervisors a good understanding of the first level supervisor's performance and behaviour to improve the quality of performance conversations, facilitate more open communication channels and contribute to improving leadership accountability and performance culture.<sup>410</sup>

414. Upward feedback conversations are a mandatory part of APS SES annual performance appraisals,<sup>411</sup> and have been in place since 2017.<sup>412</sup> Some ADF senior leaders have received upward feedback as part of a rolling 3-year 360-degree appraisal program, which was paused in 2021 due to COVID.<sup>413</sup> However, Defence confirmed upward feedback conversations ‘are not part of the formal ADF performance system’.<sup>414</sup>
415. Command-and-control structures give leaders significant authority, as we discussed in section 7.1. Lower-ranked members are likely to feel unable to raise issues ‘up the line’ through the chain of command.<sup>415</sup>
416. Service chiefs spoke about the value of upward feedback:
- Lieutenant General Burr, then-Chief of Army said ‘the [performance] reporting process reflects at least a superior’s view of how those leaders have conducted themselves in establishing a positive climate and culture in their organisation’. But he noted that ‘looking from the bottom up versus the top down’ can provide a different view of the organisational climate.<sup>416</sup>
  - Air Marshal Hupfeld, then-Chief of Air Force said that in addition to workforce survey data, there were other ways of engaging with ‘people at all levels’ to understand the cultural aspects of a unit, and described this as ‘an implicit 360-degree assessment’.<sup>417</sup>
  - Vice Admiral Noonan, then-Chief of Navy confirmed that annual performance appraisals only include the supervisor and a high-level supervisor’s views. Separately, many personnel go through ‘a process of 360-degree reporting’ as part of ‘leadership and cultural training at every stage of advancement’. He emphasised the benefits for leaders in understanding how their unit perceived their behaviours.<sup>418</sup>
417. Clearly, all service chiefs understand the benefits of leaders receiving upward feedback regularly. However, this is not embedded in annual performance appraisals for ADF senior officers.

## **The ADF has resisted strengthening leadership accountability for unit culture**

418. Numerous previous ADF-commissioned reviews, inquiries and advice recommended strengthening leadership accountability through performance appraisals. However, none of these recommendations have been implemented according to their terms.
419. The *Review into the Treatment of Women in the Australian Defence Force Phase 2 Report* recommended that:

[The Chiefs of Services Committee] should ensure that commanding officers are accountable for a healthy organisational culture, for being regularly available to engage directly with members and for taking any corrective action as required. This includes effective management of alleged incidents of harassment,



discrimination and unacceptable behaviour, managing flexible work arrangements (FWA), meeting FWA targets, and involvement in mentoring and sponsoring members. The ADF will administer regular climate surveys to assist commanding officers [to] understand and improve organisational culture and performance. The last survey prior to the conclusion of the posting should inform the commanding officer's Performance Appraisal Report.<sup>419</sup>

420. In 2014, the Australian Human Rights Commission (the AHRC) audited the ADF's implementation of the Review's recommendations. The audit report described the intent of this recommendation:

Recommendation 4 was founded on recognition that Commanding Officers must be accountable for creating and maintaining a healthy organisational culture. This includes being available, on a regular basis, to engage directly with members about workplace concerns and inappropriate behaviour. This should be done with a view to early identification and expeditious resolution. In order to shape and reinforce the desired organisational behaviour and modelling, it is also critical that a healthy culture is an active component of performance appraisals and that assessments be based on agreed criteria and data, rather than impressions.<sup>420</sup>

421. The ADF agreed to this recommendation 'in principle'.<sup>421</sup> However, internal advice to the Chiefs of Services Committee concluded 'attribution of unit culture to a specific individual and subsequent performance and career consequence is ethically indefensible'.<sup>422</sup> The AHRC disagreed, stating:

The Audit believes that leaders have a key responsibility for generating and sustaining culture and communicating core values and beliefs within an organisation. Research supports this contention.<sup>423</sup>

422. The AHRC reviewed the ADF's evidence in relation to implementation, and noted leadership accountability was still missing:

The key element of Recommendation 4 is individual accountability. Many of the initiatives implemented at the Service level are positive and, taken together, will be powerful tools to promote a healthy organisational culture. The missing element, however, continues to be personal and professional accountability and the impact this has on career progression.<sup>424</sup>

423. The AHRC urged the ADF to recommit to implementing this recommendation 'as a priority'.<sup>425</sup> The ADF has not done this.

424. Since then, similar recommendations have been made to the ADF in relation to members' health, safety and wellbeing, and gender equality.

425. In 2021, the University of NSW recommended the ADF ‘create gender equality KPIs’ in performance appraisals as part of the *Program Logic to Progress Gender Inclusion and Capability in the Australian Defence Force*. It said to:

ensure the intent of cultural reform and other gender equality initiatives are being met, reporting against gender equality KPIs should be incorporated into [manager] Performance Appraisal Reporting. Gender equality would then be monitored at the manager level, ensuring greater accountability at all levels of the organization.<sup>426</sup>

426. None of the services have implemented this recommendation.<sup>427</sup>

427. Also in 2021, the Inspector-General of the Australian Defence Force (IGADF) noted the powerful impact performance appraisals can have on driving desired behaviour. Its *Own-Initiative Inquiry: Implementation of Military Justice Arrangements for Dealing with Sexual Misconduct in the Australian Defence Force* report said:

Data analysis would provide effectiveness indicators for commanders which will always need to be tested against qualitative assessments, but nonetheless provide the ADF with improved means of ensuring accountability for the culture of a unit is taken by the unit’s leader.

...

One way of both addressing and correcting poor command climates is through performance evaluation systems. Evaluations matter to leaders hoping to rise through the ranks. If one has to be held directly accountable for performance in the area of unit climate and appropriate handling of sexual harassment and assault cases, it follows that leaders who want to get promoted will take notice.<sup>428</sup>

428. The IGADF inquiry recommended ‘Command accountability for fairly managing respondents and complainants could be reported on in annual performance appraisals’.<sup>429</sup> Defence told this Royal Commission it ‘has decided to implement the recommendation in full according to its terms’. However, it ‘considered that current performance appraisal and performance management arrangements meet the “command accountability” intent of the recommendation’.<sup>430</sup> In short, no changes have been made. See Chapter 8, Military sexual violence for more information.

429. In 2022, the Defence Safety Behaviour Review found:

Defence roles reference accountability for safety decision making ... however there is no formal process for leaders to be held to account where they are not executed to the expected standard. Interviewees also observed that there was a lack of accountability for leaders at all levels, who often failed to display consistent actions, communications, and training regarding safety and that habitual practices are generally part of the root cause of such failures.<sup>431</sup>

430. The review recommended Defence '[a]djust the performance indicators of leaders at every level to include safety accountability and to recognise and reward performance for safety outcomes of their unit'.<sup>432</sup>
431. The Enterprise Business Committee did not formally respond to this recommendation, or any others from the Safety Behaviour Review.<sup>433</sup> But the committee endorsed an implementation plan to 'deliver on the intent' of the review's recommendations.<sup>434</sup> The activities that related to the recommendation on performance indicators were 'Launch the WHS strategy 2023–2028', 'Review and refresh WHS enterprise reporting products including the Scorecard,' and 'Improve group and services access to enterprise WHS data and insights'.<sup>435</sup> However, none of these activities will result in safety accountability performance indicators for leaders at every level or reward good performance.

### **Workforce survey results highlight the need to strengthen leadership accountability**

432. In addition to the numerous recommendations made over the last decade, ADF members themselves have highlighted the need to address leadership accountability. As noted in section 7.1.3, the Pathway to Change Review found 'senior leader accountability' had declined from 2017 to 2022, 'especially within the Services'.<sup>436</sup>

### **System reforms to enable and strengthen leadership accountability**

433. The clear expectations of accountability set out in the Joint Directive and various doctrines are a positive development, but they are not sufficient. For leaders at all levels to be accountable for their team or unit's culture, there must be rewards for good performance and consequences for underperformance.
434. By the same token, leaders need to have access to information to understand the current state of their team or unit's culture and inform any action required. If these systems and structures do not change, we cannot expect leadership behaviours to change. We note similar changes have been adopted in the Australian law enforcement sector, reflecting the importance of performance measurement as an instrument of leadership accountability.<sup>437</sup>
435. ADF witnesses have affirmed the value of including clear, outcomes-based measures in performance appraisals, and did not consider there to be any problems implementing this approach. This is a welcome shift from the views put to, and accepted by, the Chiefs of Services Committee 10 years ago that were contained in *Review into the Treatment of Women in the Australian Defence Force*.
436. The Commander of the Special Air Service Regiment, Brigadier Nicholas Foxall AM DSM, told us there would be 'no issue' including outcomes-based criteria related to members' wellbeing as part of leadership performance appraisals.<sup>438</sup>

437. Brigadier Foxall affirmed the need for more transparency and accountability regarding the impact of leaders on their team or unit's culture, and considered performance appraisals could be used to achieve this (see Box 7.6).
438. Introducing outcomes-based performance measures for individual leaders is a critical subset of the broader recommended improvements to Defence's management of health and wellbeing at the organisational level. This is discussed in Chapter 11, Governance and accountability in Defence.

### **Box 7.6 Brigadier Nicholas Foxall on use of performance appraisals**

Brigadier Foxall told this Royal Commission:

it is my experience that it is very rare for a commander to be held accountable for negatively impacting an organisation's effectiveness or culture. This is not to say it does not occur, but rather it is not obvious to me when this has occurred.

In my view, this is because the existing processes lack transparency and are focused on either responsive mechanisms (incident management) or general pillars of governance practices (auditing). While these are important, there is little in terms of transparent reporting or assessment of a commander's impact on unit culture aligned to the unit's mandate or the impact on the unit's wellbeing. Arguably, this is the intent of a performance appraisal report, but I view that system as ineffective due to its limited scope and lack of transparency. The scope being limited due to the focus on understanding if a person is suitable for the next rank and the lack of transparency means that these reports are not available to a unit or peers to understand why or what impact the commander had on an organisation.

I believe this has created a gap in the command accountability process. For example, I have experienced commanders who appeared to have had detrimental and sometimes long-term impact on an organisation's effectiveness and wellbeing, but have not been held to any clear accountable action. These personnel may be subject to a lack of career progression or subtle breaks from the organisation to allow time for further development, but these outcomes are never transparent to the organisation or to the commanders who follow. I also suspect that many are never debriefed on the impact of their performance. It is my experience that this lack of transparency or willingness to engage in a process that can accurately appreciate the impact of a commander's performance on an organisation's effectiveness has degraded the wellbeing of officers and soldiers.<sup>439</sup>

...

A potential consideration to increase command accountability at [the] unit level is an annual organisational reporting process against key metrics that are designed to determine if a commander has been effective. This report, along with a subsequent formation-level assessment, should be transparent to the entire formation and other commanders. This can include where recommendations by a commander have been made but not supported or where a commander was unable to address risks within the organisation. The formation-level assessment can be relatively simple, while the transparency across the formation will ensure there is appreciation of the context and understanding if any accountability has been applied.

It is worth noting that in all my command appointments, I have never been directed to compile an annual report or provide an assessment on progress of a unit's role or culture. While not directed, it is common for these reports to be initiated at the unit level as good practice and assist with any handover of key appointments. Additionally, when external reports into unit culture have been conducted, the outcomes are closely held and only shared with selected leadership appointments, limiting the report's transparency and recommendations.<sup>440</sup>

Formation and service-level reporting does occur, which may be sufficient, but often these reports miss an examination of practical outcomes of an organisation's effectiveness based on a commander's performance at the unit level. For example, a unit level report could articulate whether a commander's performance has impacted key trends or data points, particularly as they relate to personnel, such as recruitment and retention, medical downgrades, and rest and recovery. A unit-level report could also address or respond to cultural assessments provided by external audits or other feedback systems as well as articulate where a commander has had no control or influence over certain outcomes. Moreover, the report could assess the wellbeing of the organisation and address the often small percentage of personnel who have concerns with the organisation's performance. The annual report could then be assessed by a formation commander to determine if the organisation has been effective under the commander and whether adjustment, sustainment or change is necessary. This could include if any accountability should be attributed to the commander for the level of unit effectiveness.

In the end, it is my view that for command accountability to be effective, there needs to be transparency in how commanders are held to account when their action or inaction negatively impacts organisational effectiveness and wellbeing. Regardless of what mechanism could be applied, this transparency appears absent, and I have witnessed this lack of transparency in command accountability having a detrimental impact on the wellbeing of some officers and soldiers.<sup>441</sup>

439. The Defence Respect@Work Framework also includes a relevant outcome and an indicator in the Leadership domain supporting strengthened performance appraisals in relation to culture:

- Outcome: Worker recruitment, promotion and performance management processes contribute to a safe, respectful and inclusive workplace culture
- Indicator: Defence leaders are assessed against their progress towards achieving a culture in their work unit that is positive, diverse and inclusive.<sup>442</sup>

## **Leaders need timely unit-level data and qualitative feedback**

440. To set leaders up for success, two critical enablers must be included in more robust culture accountability measures – timely unit-level workforce data and qualitative feedback.

441. We have heard about the challenges ADF leaders experience in obtaining timely and relevant workforce survey data from the Defence People Group. We recommend Defence provide commanders with unit-level data for continuous improvement and to better understand the wellbeing of those under their command. See Chapter 9, Unacceptable behaviour and complaints management, and Chapter 29, Use of data and research by Defence and DVA, for details.

442. Timely, quantitative survey data combined with qualitative data (that is, upward feedback) would enable leaders to have a much deeper understanding of:

- their team's culture
- how their own leadership approach is being received
- what they need to do differently to continuously improve.

443. Accompanied by clear and measurable KPIs in performance appraisal processes, these system enablers will significantly strengthen the leadership accountabilities for culture set out in the Joint Directive.

444. In the US, upward feedback is being incorporated into Army promotion processes. In an article, retired US Army Major Carlos De Castro Pretelt suggested this provided an opportunity to further embed it into leadership development:

Recent initiatives by the Army, such as the Colonels Command Assessment Program (CCAP) and the Battalion Commander Assessment Program (BCAP), suggest there may be significant benefits to further exploring subordinate feedback and illustrate the Army's drive to use more non-traditional sources of information in the assessment of its officers. Those officers who participate in the BCAP and CCAP are evaluated by panels of experts, subordinates, and peers on a number of observed metrics, including adverse personality traits that could prove detrimental in a unit.



This recent advance in the assessment of future leaders is ground-breaking because it could serve as the strongest argument yet in support of the integration of subordinate feedback as a necessary part of an officer's development plan. By creating a direct linkage between career advancement and the development of certain key personality traits, the BCAP and the CCAP may have finally created an impetus for officers to understand how they are perceived by subordinates.<sup>443</sup>

445. If the ADF is going to become Australia's 'preeminent leadership development institution', it needs to start by ensuring its leaders have the information they need to constantly refine their leadership practice. This should be the same types of information their Australian Public Service (APS) peers already have. Providing leaders with 360-degree reporting every 3 years, and informal feedback mechanisms, is important but not sufficient. Upward feedback must be embedded in performance appraisal processes to ensure all leaders are assessed annually.
446. Given the varied and specific working environments across the ADF, upward feedback mechanisms may need to be tailored to particular circumstances. However, some core design principles should apply as a minimum. Feedback should be:
- invited from all direct reports, not a selected subset
  - able to be provided anonymously
  - summarised and recorded in annual performance appraisal reports.<sup>444</sup>

## **Outcomes-based targets and KPIs must reward the right types of behaviours**

447. Outcomes-based targets and KPIs are strong accountability and transparency mechanisms. They must be carefully selected and may need to change over time. As the purpose of outcomes-based targets is to encourage a shift in behaviour, it is important to select measures that drive the right types of behaviour.
448. In the context of 'positive' reporting, establishing outcomes-based targets is relatively straightforward. For example, targets could be set regarding levels of unit morale and wellbeing disaggregated by gender to identify inequity. If results are below the target, measures should be put in place to improve morale and wellbeing.
449. However, in the context of 'negative' reporting, the organisational context and potential unintended consequences need to be considered. As we know, there are barriers to reporting unacceptable behaviour and sexual misconduct in the ADF. The immediate change we need to see is the elimination of these barriers to the greatest extent possible (addressed by Recommendation 10 on developing service-level action plans for the Defence Respect@Work Framework). It is only once victims feel comfortable reporting unacceptable behaviour and sexual misconduct that it can be addressed.
450. If commanders are only assessed against the overall number of formal complaints, there is a risk they may discourage victims from coming forward to keep the number down.

451. If reporting barriers are successfully addressed, the overall number of complaints could rise, at least in the short term. This won't necessarily indicate a change in the overall incidence of unacceptable behaviour and sexual misconduct. In this case, the level of under-reporting (that is, the gap between the number of formal complaints and actual incidents of unacceptable behaviour and sexual misconduct) is likely to be a better measure of progress, as it would indicate whether the desired shift in behaviour is occurring.
452. Currently, Defence measures the level of under-reporting of sexual assaults based on the difference between the number of reports made to the Joint Military Police Unit and the number of people who reported in the anonymous Workplace Behaviours Survey that they had been sexually assaulted.<sup>445</sup> The introduction of the new enterprise resource management case management system (CASE) provides an opportunity to measure the level of under-reporting of all forms of unacceptable behaviour and sexual misconduct. A similar approach could be used; that is, measuring the gap between the number of formal reports of unacceptable behaviour and sexual misconduct compared to the incidents reported in anonymous surveys. We note Defence is revising its survey program, which is further discussed in Chapter 29, Use of data and research by Defence and DVA. This is an opportunity to improve the granularity of data collected to provide more visibility into the types of unacceptable behaviours that are reported and levels of satisfaction with how they are managed.
453. Once barriers to reporting have been sufficiently addressed, the focus for targets and KPIs could shift to reducing the number of reports overall. This could occur because there would be greater confidence that lower reporting means lower incidence, rather than just suppression of complaints.
454. A deep understanding of the ADF context must inform the targets embedded in performance appraisal processes for leaders. Flexibility is important to ensure targets can adapt to changes in the organisational context over time. This must not be a 'set and forget' exercise – constant attention is needed to ensure targets are driving the right types of behaviours, and that adjustments can be made as required. As we have heard, ADF culture is not homogenous. Each service has strengths and challenges, and within each service a multitude of subcultures can emerge. A training institution may require a different focus than an Army combat brigade. An Air Force squadron may require a different focus to a Navy submarine crew.
455. While the specific targets and domains are likely to evolve, there is an urgent and universal need for leadership accountability for culture, health and wellbeing across all the services. Our recommendation is intended to provide a starting point to be immediately implemented across the ADF for all leaders, including service chiefs (at a minimum from O-6 to O-10; that is, from colonel to general and equivalent).

456. We have chosen the following domains (safety, health and wellbeing; gender equality; and reporting and management of unacceptable behaviour) and associated metrics to align with systemic cultural issues and risk and protective factors for suicide and suicidality. This is to ensure attention is placed on areas in most need of reform and that leaders can directly influence. They reflect the domains in the service-level targets in Recommendation 9, as well as culture-related KPIs in the annual Women in the ADF Report.

- Safety, health and wellbeing metrics:
  - psychosocial safety climate (based on new Values and Behaviours Survey metrics related to managers/supervisors).<sup>446</sup>
- Gender equality metrics:
  - difference in cultural reporting between men and women (KPI 11 metrics, Women in the ADF report)
  - women feel equally included (KPI 13 metrics, Women in the ADF Report).
- Reporting and management of unacceptable behaviour metrics:
  - level of under-reporting of unacceptable behaviour and sexual misconduct (reported separately and disaggregated by gender)
  - satisfaction with management of unacceptable behaviour and sexual misconduct (reported separately and disaggregated by gender).

457. Targets should clearly describe what success looks like; that is, the outcome to be achieved, rather than just measuring upward or downward trends. As an example target – by 2025, at least 75% of a unit agree the commander acts quickly to address issues that affect unit members' safety and mental wellbeing.

458. Trend information is important to understand the direction of change over time. However, it must be accompanied by quantifiable targets to enable leaders to understand the gap between where they are and where they need to get to, and focus their efforts on the areas that require the highest degree of change.

### **Recommendation 11: Assess Australian Defence Force leaders based on upward feedback and performance against culture, health and wellbeing targets**

Defence should amend the annual performance appraisals of Australian Defence Force (ADF) leaders (from the rank of Colonel to the rank of General, and equivalents) to include upward feedback from their direct reports, and assessment against outcomes-based targets related to culture, health and wellbeing.

At a minimum, Defence should develop outcomes-based targets for leaders for the following domains and metrics:

- (a) safety, health and wellbeing
  - (i) psychological safety climate, based on the new Values and Behaviours Survey metrics related to managers and commanders
- (b) gender equality
  - (i) difference in cultural reporting between men and women (KPI 11 metrics, *Women in the ADF Report*)
  - (ii) women feel equally included (KPI 13 Metrics, *Women in the ADF Report*)
- (c) reporting and management of unacceptable behaviour
  - (i) level of under-reporting of unacceptable behaviour and sexual misconduct (reported separately and disaggregated by gender)
  - (ii) satisfaction with management of unacceptable behaviour and sexual misconduct (reported separately and disaggregated by gender).

## **7.3.3 Promotions**

### **Selecting and promoting ADF leaders**

459. Selection and promotion criteria for ADF leaders are a critical part of ADF leadership culture, as they send a message about what is valued and rewarded.
460. Selecting the wrong people for leadership positions can have a significant negative impact on members. This is particularly important in the ADF, where the chain of command is responsible for directly managing unacceptable behaviour. The Defence Abuse Response Taskforce's review of reports of abuse from 2000 to 2011 found a significant proportion of those reports were mismanaged. The taskforce made 1,723 reparation payments, of which '97% included a payment for Defence mismanagement'.<sup>447</sup> The taskforce noted the 'very significant impact' of mismanagement on victims.<sup>448</sup>

## Introducing the ‘fit and proper person’ check is a good first step, but doesn’t go far enough

461. In September 2022, the then Chief of the Defence Force, General Angus Campbell AO DSC, issued a directive aimed at improving the ADF’s promotion process. The ‘Fit and Proper Person Suitability Check – Selection for Promotion, Command and Other Select Appointments’ applies to all services.<sup>449</sup>
462. General Campbell confirmed that before the directive, each service conducted its own checks, but the approach across the ADF was now consistent.<sup>450</sup> It is disappointing that it took so long for the ADF to put in place a rigorous and consistent approach across the services. Similar requirements have applied in most other APS organisations for many years.
463. The directive requires ‘delegates’ (that is, people with the Chief of the Defence Force’s delegated authority to make leadership appointments, including command appointments) to ‘carefully consider’ whether someone is a ‘fit and proper person’ to perform the duties required.<sup>451</sup> It includes assessing someone whose history includes documented incidents of unacceptable behaviour. The Chief of the Defence Force expects delegates to:
- critically review a candidate’s service history through the lens of Defence values, taking into account any information in any relevant database or personnel record across the Defence enterprise. Specifically, delegates are to consider the nature and frequency of any incidents and/or patterns of unacceptable behaviour including mismanagement of complaints.
- I acknowledge that individuals may make mistakes in the course of their career. Therefore, delegates are also to consider subsequent conduct and performance. Where the delegate considers that an individual is a fit and proper person for promotion, command or posting to a select appointment position despite documented incidents or patterns of unacceptable behaviour, the delegate is to record the reasons for that decision. These reasons are to be retained in an appropriate corporate record.<sup>452</sup>
464. The directive requires checks to be conducted across records, including disciplinary systems that record instances of unacceptable behaviour, and a candidate’s ‘career management dossier’.<sup>453</sup> This is to determine the number, if any, of complaints of unacceptable behaviour under both the disciplinary and administrative systems, any potential patterns of mismanaging complaints made to them by other members, and their overall career performance.
465. This is a positive, if not overdue, first step. However, it does not go far enough. While an individual’s personal record of behaviour is clearly an important consideration for promotion, their leadership impact on culture and members’ health and wellbeing is just as relevant. As discussed in section 7.3.2, the current performance appraisal process does not adequately quantify or assess this impact, so it would not be picked up as part of the fit and proper person check.

## **ADF recently resisted changes to improve the command selection process**

466. The command appointment process was also part of Defence's cultural reform program in response to the Afghanistan Inquiry. One of the reforms was the Certification and Assurance of Commanders initiative, which sought to deliver the following outcomes:

A joint assurance mechanism that deploying Commanders are best prepared for demanding and ambiguous operating environments

Improved Command Accountability on deployed operations

Improved consistency across Mounting Authorities

To mitigate the likelihood of individuals who lack appropriate command decision-making skills deploying in command positions.<sup>454</sup>

467. To achieve this, the Centre for Defence Leadership and Ethics developed three options for the Chiefs of Services Committee to consider:

Option 1 – No Change. No change to extant practices.

...

Option 2 – No change with consolidated capture. No change to extant practices with a better articulated and deliberate consolidation of command suitability captured in a suitable policy.

...

Option 3 – Command selection system change. Creation of a whole-of-ADF consistent framework and process for the selection and assurance of commanders, inclusive or exclusive of the process for selection and assurance of commanders for specific operations. This option:

- (1) proposes creation of a common ADF command selection and assurance process and framework
- (2) changes baseline career management agency processes for selection of commanders
- (3) may create entities that are responsible for executing alternative (Mission Rehearsal Exercises – Army (MRE-Army), Mission Readiness Evaluation – Navy (MRE-Navy), Air Force mission preparation packages and/or non-MRE) command pre-operational assessment/s
- (4) requires a detailed review of all command appointment and selection process (with an overhead of staff and time) allowing for modernisation and contemporary approaches to command selection/assurance/preparation processes
- (5) has the advantage of addressing any and all of the items raised in the [Inspector-General of the Australian Defence Force Afghanistan Inquiry] Report
- (6) requires clear direction and guidance to all Services and mounting authorities, and a commitment by the Services and mounting authorities to change the way all command selection and training occurs.<sup>455</sup>



468. The Chiefs of Services Committee endorsed Option 2 – No change with consolidated capture.<sup>456</sup> In effect, this means existing processes will continue unchanged, but will be brought together in a single document. Defence told us a Chief of the Defence Force Directive to implement this decision was issued in March 2024.<sup>457</sup>

469. A Centre for Defence Leadership and Ethics options paper for the committee reported:

An O6/O7 level Command Accountability workshop identified that, more broadly, commanders have historically achieved mixed results in effecting command and control in a Mission Command environment. Skills such as displaying appropriate curiosity, trusting subordinates and verifying tasks and standards, needs to be developed, improved and assured in commanders.<sup>458</sup>

470. However, it also reported there was internal resistance from ‘key Service personnel and certification organisations’ to the suggestion there was a problem that needed to be fixed:

The ... project team conducted initial engagement across several key Service personnel and certification organisations to seek initial input on the command certification and assurance concept. However, there was a consistent theme of confusion and dissatisfaction at the presumption that the existing certification and assurance mechanisms were flawed, resulting in inconsistent feedback.<sup>459</sup>

471. The paper also outlined recent developments in command selection processes in the United Kingdom and the United States, and recommended the ADF further investigate:

Op CASTLE is the British Army’s One-Star Command Assessment (OSCA) established in 2022. This command assessment methodology seeks to identify individuals who are balanced, self-aware (of their own style and impact on others), and professionally effective. It seeks to identify commanders through whose leadership subordinate teams can thrive. OSCA is not a selection process however, it is an assessment process. The output of OSCA is the provision of a report to the Army Personnel Centre which provides additional information to support the extant boarding (selection) process. The independent assessment is completed over several days and includes structured interviews, personality assessment, role-playing and practical activities on:

- (a) leadership
- (b) teamwork and collaboration
- (c) communication and influence
- (d) physical and mental resilience
- (e) values and standards
- (f) respect for others
- (g) integrity
- (h) discipline.

The US Army established a similar model in 2020. The US Army's Command Assessment program is scaled to assess up to 2,000 leaders for suitability for command and other key leadership positions, for appointments at the level of Colonel, Lieutenant Colonel, and Sergeant Major.

**A more detailed review of these and other allied approaches may provide some lessons or areas for consideration by the ADF in the development of its command selection framework. Further investigation into the use of psychometric assessment in informing command selection is recommended, particularly with regard to measurement of emotional intelligence.**<sup>460</sup>

472. As discussed in Chapter 2, Lessons learnt from overseas, we heard first-hand about the command selection processes in the United Kingdom and United States. We were very impressed by their rigour, and have no doubt there would be benefits in applying a similar model in the Australian context. We also heard from Major General Peter Dunn AO (Retd) about the importance of emotionally intelligent leaders.<sup>461</sup> However, the Chiefs of Services Committee decision paper was silent on the recommendation to further investigate psychometric assessment, including emotional intelligence.<sup>462</sup>
473. During our procedural fairness process, Defence did not agree it has resisted changes to improve the selection process. We were told 'further analysis of allied command assessment methodologies and their applicability to the ADF is ongoing'.<sup>463</sup> We do not interpret this as a firm commitment to improve the command selection framework.
474. It is extremely disappointing that the Chiefs of Services Committee chose not to take any further action despite:
- the findings of the Afghanistan Inquiry
  - the evidence heard before this Royal Commission
  - the fact that ADF leaders themselves have identified skills and capability gaps for commanders
  - an explicit recommendation from the Centre for Defence Leadership and Ethics.

## **Leadership selection and promotion processes need strengthening**

475. We fully support the Centre for Defence Leadership and Ethics's recommendation to review command selection frameworks in other Five Eyes countries, and ensure the ADF command selection process emphasises emotional intelligence. The ADF must be open to continuously improving how commanders are selected, rather than just reconfiguring the status quo.
476. In addition, the assessments of leaders' impact on team culture, health and wellbeing in Recommendation 11 should be incorporated into the fit and proper person check. This means the check should go beyond reviewing the individual candidate's personal track record of unacceptable behaviour. The leadership selection and promotion process should also consider their achievements against culture, health and wellbeing targets, and the results of upward feedback.

477. This approach aligns with the Defence Respect@Work Framework, which includes the following outcome and indicator in the Leadership domain:

- Outcome: Worker recruitment, promotion and performance management processes contribute to a safe, respectful and inclusive workplace culture
- Indicator: Senior recruitment and promotion processes include criteria on fostering a safe, respectful and inclusive culture, and modelling respectful workplace behaviours.<sup>464</sup>

### **Recommendation 12: Consider emotional intelligence and performance against wellbeing targets in selecting leaders to promote**

The Australian Defence Force should strengthen its leadership selection and promotion process by:

- (a) assessing a candidate's performance against culture, health and wellbeing targets (see Recommendation 11) as part of the 'fit and proper person' check for leadership and command selection and promotion
- (b) including psychometric testing, particularly emotional intelligence measurement, as part of the command selection framework, based on command-assessment programs in the United Kingdom and the United States.

## **7.4 People, capability and commitment to service**

478. As General Campbell has recognised, one of the fundamental challenges this Royal Commission and the ADF are grappling with is the need to ensure members' health, safety and wellbeing while also maintaining operational readiness and strengthening military capability.<sup>465</sup>

479. There is clearly a lot of work to do within the ADF to bring these two objectives into alignment at the organisational, leadership and individual levels.

480. At the organisational level, the number of members leaving the ADF each year and their reasons for doing so paint a compelling picture. Between 5,500 and 6,500 members separate each year, some transition to the Reserves and others separate from the ADF entirely.<sup>466</sup> Overall, the proportion of permanent members separating for medical reasons has significantly increased over the past decade.<sup>467</sup> In 2011–12, 38% of separations were for medical reasons, increasing to 64% in 2022–23 (and peaking at 67% in 2021–22).<sup>468</sup>

481. Of the 2,910 members who separated from the ADF's permanent forces in 2022–23:<sup>469</sup>

- 26% left voluntarily – while the ADF doesn't record the formal reasons for voluntary separations, we know that key drivers include burnout and fatigue
- 64% left involuntarily for medical reasons (that is, illness or injury prevented them from being considered fit to serve). Of these:
  - 58% were due to musculoskeletal injuries (as the primary or secondary condition that led to medical separation)
- 9% left involuntarily for non-medical reasons, primarily due to 'retention-not-in-service interest', which covers a range of reasons including convictions for criminal or service offences.<sup>470</sup>

482. Each cohort has an impact on the others. The more members who are discharged involuntarily, the more pressure it places on remaining members to carry out the work to maintain a required standard of readiness and capability. This 'hollowing out' of the middle ranks leads to increased rates of burnout and fatigue, which leads to more members deciding to leave voluntarily, and places pressure on injured members to return to work quickly, before they have fully recovered.<sup>471</sup> In turn, this increases the likelihood of more members being medically discharged.

483. Overall, reducing the number of members who are leaving voluntarily or are discharged medically requires prioritising health and wellbeing. Reducing the number of preventable injuries that occur in the first place, and improving recovery rates when they do occur, would improve operational readiness and strengthen military capability.

484. Many of our recommendations related to achieving this objective are aimed at 'visible' policies, systems and frameworks. These include:

- holding senior leaders to account for outcomes related to members' health and wellbeing through performance appraisals, and ensuring promotion selection processes reward leaders who have a positive impact on wellbeing and culture
- improving transparency and accountability at the organisational level for culture, health and wellbeing by setting outcomes-based targets and publicly reporting on progress on a regular basis
- improving support for recruits in *ab initio* training to embed help-seeking behaviours, reduce barriers to accessing care and support, and ensure instructors have the capability to lead and educate young people
- increasing employment opportunities within the ADF for members who are unable to be deployed due to illness or injury
- establishing an enterprise-wide injury prevention program, and improving rehabilitation and recovery support when injuries do occur
- improving health and wellbeing risk identification, data analysis and evidence-based risk mitigation strategies.

485. However, it's not enough to change policies, systems and frameworks. Inherent and invisible cultural tensions must also be addressed if we are to see meaningful change. In the ADF, as with other military organisations, self-reliance, resilience and sacrifice are highly rewarded, and often necessary to carry out the requirements of the job. This is unsurprising given the nature of military service, and the explicit promise that members make to Australia to give their lives to defend our national interests.
486. As we discuss throughout our report, members themselves and those who serve as role models, including regimental sergeant majors and commanding officers, are 'keepers of the culture'.<sup>472</sup> One witness described the commanding officer as 'god', and the non-commissioned officers who support them as having the primary influence over members' day-to-day lives and ways of working.<sup>473</sup>
487. In the Army, commanding officers are usually appointed at the rank of lieutenant colonel (O-5), who typically command units of up to 650 soldiers and are 'responsible for the overall operational effectiveness of their unit in terms of military capability, welfare and general discipline'. At the rank below, of Major (O-4), they command up to 120 officers and soldiers and are responsible for soldiers' training, welfare and administration as well as management of their equipment.<sup>474</sup>
488. From a salary perspective, the rank of lieutenant colonel is generally equivalent to the Executive Level 1 classification in the APS.<sup>475</sup> However, this does not reflect the level of responsibility that applies to exercising military command at this rank.
489. For civilians, it is difficult to understand the weight of responsibility carried by commanding officers and non-commissioned officers. They are trained to lead and execute military operations, and charged with protecting the lives of those who serve under them. This requires them to constantly analyse and prioritise the needs of the collective team – giving too much time and attention to one individual may have serious consequences, including mission failure, and potentially even death.
490. Similarly, from *ab initio* training onwards, members are taught the importance of putting the interests of the collective unit above their own individual wants and needs – loyalty and service to the corps is paramount. Anything that looks like individualism or selfishness is repudiated. Members know that one day others may give up their lives to save them, and they are willing to do the same.
491. Sailors, soldiers and aviators go through rigorous training to reach a level of mental and physical fitness that meets the demands of military operations. They are trained to push through pain, and seeking treatment for minor injuries is often seen as a form of weakness, of letting down the team.
492. We are conscious of the deep cultural norms related to service and sacrifice that drive members' and leaders' behaviour, and the necessary sacrifices that military service entails. We know it is unlikely behaviours will change unless people genuinely believe that prioritising their own health and wellbeing, and that of their unit, is inherent to the expectations of service and will strengthen capability rather than undermine it.

493. During our inquiry, we have seen Defence attempt to engage with these cultural norms, to little effect.
494. The Defence Safety Behaviour Review was undertaken between 2020 and 2022. It was driven by the aspiration of the then Chief of the Defence Force, General Angus Campbell AO DSC, to improve safety culture within the ADF. He stated that:
- in no circumstance is death or injury a necessary, required or appropriate outcome of training. In no circumstance is that the case.** And while I accept, in our profession, there will never be a circumstance on operations where risk is wholly mitigated, we train to build and develop our people and our capability to then employ it in circumstances of risk where we can only mitigate so much, and our enemy also has a vote in the conduct of operations.<sup>476</sup>
495. The Defence Identity research report also considered the relationship between sacrifice and self-reliance and called for a more ‘balanced’ view.<sup>477</sup>
496. However, at the time of writing, Defence had not endorsed or implemented the recommendations in either of these reports. Defence considered that the authors of the Safety Behaviour Review did not fully understand the Defence context and that the Defence Identity research report was ‘academic’ in nature.<sup>478</sup> As a result, the strength of their message was undermined and little change has occurred, or is likely to occur, as a result.
497. However, we have seen some changes. In response to the Afghanistan Inquiry, the ADF has developed explicit doctrines on military ethics and character, and updated doctrines on leadership and command.<sup>479</sup> These doctrines provide a touchstone for all members, including commanding officers and senior leaders, and unpack what certain values and behaviours mean in practice and the risks that need to be mitigated. By themselves, these doctrines won’t lead to major changes, but they provide an essential foundation.
498. This type of change must come from within. Similar to the Afghanistan Inquiry, this Royal Commission is an important catalyst for change, but the work of transforming ADF culture can only be done by those who understand what it means to dedicate your life to military service, and to live and breathe the values (and consequences) of this sacrifice.
499. A paradigm shift is needed to realise the former Chief of Defence Force’s aspiration to better control risks in non-operational contexts and, as a result, better prioritise members’ safety, health and wellbeing. Rather than people being seen as one of many inputs to capability, they must be seen as a capability in and of themselves. Rather than seeing early intervention for minor injuries as a weakness, this must be seen as essential to maintaining and growing operational readiness and capability. Rather than leaders being punished for not meeting short-term readiness requirements due to members taking time off to recover from injuries, they must be rewarded for taking a much more strategic and longer-term view.



500. At the individual level, this means a serving member who can feel the early signs of an injury during fitness training needs to put their hand up, get treatment early and be given enough time to recover. While this may impact their unit's capability in the short term, in the medium to longer term this will strengthen operational readiness and capability. This is due to them being able to continue to serve rather than being medically discharged for a chronic injury that is past the point of rehabilitation. They need to believe these actions are consistent with, and a necessary part of, the ethos of service.
501. At the commanding officer level, when a member of their unit approaches them with an early-stage injury, they need to feel confident that prioritising the member's health and wellbeing in the short term will contribute to their unit's overall strength in the medium to long term. They also need to know they won't suffer any career consequences as a result.
502. At the organisational level, the ADF must have confidence in its members and leaders at all levels to take a nuanced approach that depends on the context. We have seen first-hand the level of sacrifice members give on deployment, including pushing through pain, sustaining serious injuries and sacrificing their lives. However, this same level of sacrifice should not be expected in their everyday working lives. It is unsustainable, and ultimately it is undermining the ADF's military capability.
503. The Canadian Armed Forces have faced similar challenges. In response, they have changed their slogan from 'Mission First – People Always' to 'People First – Mission Always'. This was part of a broader change to reorient policies and systems towards prioritising members' health and wellbeing.
504. A similar shift is needed in the ADF, led by the members themselves. To support this level of cultural change, we recommend appointing a select panel to co-design a new doctrine on 'people, capability and service'. This should be done with ADF members, including commissioned and non-commissioned officers. It is critical for this work to be led by those who understand the unique nature of military service, but also have a degree of independence from the organisation. This type of work will require difficult and challenging conversations, and cannot be constrained by concerns about career progression or internal reputation.
505. The select panel should consist of ex-serving members and represent experience in the commissioned and non-commissioned officer ranks across the three services. The new doctrine should be presented to the Chief of the Defence Force and Chief of Personnel for endorsement by no later than December 2026.

506. The doctrine should codify the ADF's approach to prioritising members' health and wellbeing and what this means in the context of service and sacrifice. The doctrine should make it clear that Australia's military capability and operational readiness depend on having a physically and mentally healthy workforce. Prevention, early intervention and recovery should not be in opposition to the values of service and sacrifice, but essential for expressing these values in a sustainable way that serves our nation's interest. The doctrine should include the voices and stories of members themselves to guide current and future generations.

### **Recommendation 13: Co-design a new doctrine recognising that operational readiness depends on a healthy workforce**

Defence should convene a select panel to co-design a new doctrine on 'people, capability and service' with Australian Defence Force (ADF) members.

The doctrine should make it clear that Australia's military capability and operational readiness depend on having a physically and mentally healthy workforce, where prevention, early intervention and recovery are not in opposition to values of service and sacrifice, but are essential for these values to be expressed in a sustainable way that serves our nation's interest.

The select panel should:

- (a) consist of ex-serving members and represent experience at both the commissioned and non-commissioned officer ranks, across Navy, Army and Air Force
- (b) undertake a co-design process including representation from a broad range of age groups, ranks, bases and services, and maximise involvement of members who have experienced physical and mental health issues
- (c) present the new doctrine on 'people, capability and service' to the Chief of Personnel and the Chief of the Defence Force for endorsement by no later than December 2026
- (d) identify any other single-service or ADF cultural norms, symbols, systems, policies or processes identified by members or commanding officers as barriers to the prioritisation of member health and wellbeing, and suggest changes in a report to the Minister for Defence and the Minister for Defence Personnel.

## Annexure 7.1 Enabling activities in the ADF gender equality and inclusion program logic

Organisational arrangements	Participation, talent and career management
<p>Establish a single section responsible for all ADF gender initiatives</p> <p>Create a Five Eyes participation network</p> <p>Implement gender mainstreaming: review policies and procedures for gendered impacts</p> <p>Formal Policy Mandated Language</p> <p>Respond to Australian National Audit Office report on Pathway to Change</p> <p>Review leadership qualities</p> <p>Revise leadership modelling away from command and control</p> <p>Create gender equality KPIs and managers to report against them</p> <p>Air Force career management review</p> <p>Review Army deployment tempo</p> <p>Uniforms</p> <p>Grooming standards</p> <p>Review equipment programs</p> <p>Review facilities</p> <p>Equalise sport activity</p> <p>Conduct Critical Mass review</p> <p>Develop post-deployment support resources</p> <p>Leverage Women Peace and Security programs</p> <p>Navy shared cabins</p> <p>Review barriers to gender equality and inclusivity in Army</p> <p>Review symbols</p> <p>Review into ADF cultural symbols</p> <p>Review into Days of Importance</p> <p>Review awards and recognition processes to ensure women are recognised</p> <p>Capability Focus (developed from Defence stakeholder input)</p>	<p>Review workplace processes</p> <p>Adjust policies to allow easy return to service aimed at women</p> <p>Review entry processes to make it easier to rejoin</p> <p>Recruit skilled personnel into the ADF at higher levels</p> <p>Conduct education sessions and policy briefs on women-specific policies</p> <p>Review flexible work arrangements</p> <p>Flexible by default evaluation</p> <p>Broaden eligibility for SERCAT 6; that is, part-time and flexible roles</p> <p>Implementation of the 4/1/5 year 'model of work'</p> <p>Increased family support</p> <p>Parental leave equalisation</p> <p>Parental leave and caring to count FOR promotion, i.e., to count as service</p> <p>Review the climate of occupational specialities recently opened to women (combat, some trades)</p> <p>Review promotion process to include social skills</p> <p>Review annual performance appraisal</p> <p>Review the role deployments play in promotion</p> <p>Review of Training Packages</p> <p>Create training materials that feature examples of men's experiences as well as women's</p> <p>Review of Air Force pilot career pathway and training</p> <p>Overhaul of fitness requirements – task specific model</p> <p>Navy sea time predictability model</p> <p>Carer's leave policy (developed from Defence stakeholder input)</p>

Organisational arrangements	Participation, talent and career management
<p>Establish a culture review group (developed from Defence stakeholder input)</p> <p>Review into the Career Management System (developed from Defence stakeholder input)</p>	<p>External exit interviews (developed from Defence stakeholder input)</p> <p>National welfare coordination centre process (developed from Defence stakeholder input)</p>
Behaviour and leadership	Safe workplace culture
<p>Conduct long-term gender and diversity training for all levels of leadership</p> <p>Initiate and apply consequences for poor leadership</p> <p>Include peer-to-peer training in bystander training</p> <p>Encourage male role modelling (leadership positions)</p> <p>Review climate in occupation specialties recently opened to women (combat and some trades)</p> <p>Women resistance review</p> <p>Male resistance review</p> <p>Review into Days of Importance (see also 'organisational arrangements')</p> <p>Review awards and recognition processes to ensure women are recognised (see also 'organisational arrangements')</p> <p>Establish a sponsorship program (developed from Defence stakeholder input)</p>	<p>Bystander training to include peer-to-peer learning</p> <p>Universal harassment awareness training</p> <p>Use incident data, review and complaints processes to centrally identify poor leaders and units</p> <p>Reporting abuse</p> <p>Review Sexual Misconduct Prevention and Response Office (SeMPRO) and reporting</p> <p>Pattern analysis to determine negative climate/ poor leadership on specific units/bases</p> <p>Review of privacy and ways to bully (developed from Defence stakeholder input)</p> <p>Anonymous reporting hotline (developed from Defence stakeholder input)</p> <p>External to ADF/Chain of Command investigation body (developed from Defence stakeholder input)</p> <p>Review ADF reporting culture (developed from Defence stakeholder input)</p>

## Endnotes

- 1 Transcript, Nicola (Nikki) Jamieson, Hearing Block 1, 29 November 2021, pp 1-68 [39]–1-69 [14].
- 2 Transcript, Peter Dunn, Hearing Block 10, 19 July 2023, p 70-6718 [37–38]; Transcript, Elizabeth Broderick, Hearing Block 1, 3 December 2021, p 5-437 [6].
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# Case study: Navy Clearance Divers

## 1 Introduction

### 1.1 Navy Clearance Divers

1. Clearance Divers are an ‘elite ... high performance team’<sup>1</sup> within the Navy’s Mine Warfare and Clearance Diving Group. They ‘conduct Navy’s most dangerous activities’<sup>2</sup> in support of joint military and government objectives, including engaging in surface and underwater demolitions, and disarming and disposing of explosive ordnance and improvised explosive devices.<sup>3</sup>
2. Their work is typically, but not exclusively,<sup>4</sup> conducted underwater, sometimes in extreme conditions and hostile environments.<sup>5</sup> Clearance divers are frequently exposed to extreme physical, operational and environmental risks, including explosives, equipment malfunction, adverse sea conditions and marine environment exposure. The work involves high-intensity physical activity in the aquatic environment, which places unique physiological and psychological stressors on the body such as the effects of pressure, barotraumas (injuries to the ear caused by pressure changes) and blast exposure.<sup>6</sup>
3. Navy Divers suffer high rates of medical injuries during their career, with a 2007 study revealing that 95% of divers reported being injured while working.<sup>7</sup> Senior Medical Advisors within Navy also suspect very high ‘unreported (hidden) injury’ rates among the cohort.<sup>8</sup> There are significantly higher medical separation rates for Clearance Divers than other sailors.<sup>9</sup> This has exacerbated workforce shortages within an already stretched branch.<sup>10</sup>
4. Beyond these physical challenges is the mental and geographic seclusion of the branch. A November 2021 Australian Human Rights Commission report (AHRC Report), undertaken in collaboration with the branch, found that Clearance Divers are high performing, highly skilled, adaptable under pressure, take immense pride in their work and have a team focus, underpinned by mutual trust and an esprit de corps.<sup>11</sup> However, the report also observed that their ‘role is not well understood in broader Navy; their underwater work is literally invisible to other serving personnel’.<sup>12</sup> This has led, among some, to feelings of isolation from Defence and its mission.<sup>13</sup> We are told that work is ‘underway’ to address this, namely a review of Navy’s undersea warfare capability.<sup>14</sup>
5. Defence also places considerable emphasis on what it characterises as ‘outdated’ as compared to ‘contemporary’ evidence;<sup>15</sup> asserting, among other things, that the view recorded in the AHRC Report ‘does not reflect the contemporary context’.<sup>16</sup> It refers to a working group established in 2023 to track the implementation of recommendations from the AHRC Report and a July 2023 ‘PULSE’ survey of Clearance Diver units which reports members’ ‘levels of ... organisational support, communication and fairness were higher than’ Navy benchmark data.<sup>17</sup>



6. It is heartening that Navy are taking some steps to address issues adversely affecting Clearance Divers and we note the conclusion in the July 2023 PULSE surveys that self-reported symptoms of psychological distress amongst this cohort ‘were substantially lower than the Navy benchmark’.<sup>18</sup>
7. However, we reject the characterisation of evidence from 2021 as ‘outdated’. Similarly, we reject the characterisation of testimony from former Clearance Divers as ‘historical’ and not substantiating evidence to matters within our terms of reference.<sup>19</sup> To the contrary, we are tasked with a systematic analysis of the contributing risk factors relevant to defence and veteran death by suicide, including the possible contribution of pre-service, service, transition, separation and post service issues.<sup>20</sup> This requires examination of a continuum of evidence – including that of former members and reports or studies obtained by Defence within the life of this Royal Commission – not just the ‘contemporary’ surveys proffered by the Commonwealth.
8. And as outlined in our introductory overview, there is evidence that aspects of service as a Clearance Diver may expose members to experiences that can increase their risk of suicide and suicidality. These include higher rates of physical injury and medical separation, organisational policies which may operate as barriers to help-seeking, high-tempo operational work-loads and limited respite, poor organisational learnings in some instances, and limited transition support. We discuss these risk factors further in section 3.
9. Between 2019 and 2021, at least three former Clearance Divers died by suicide or suspected suicide.<sup>21</sup> As Chair of the Navy Clearance Diver Trust (NCDT), Ms Denise Goldsworthy AO, told us this was a time of ‘considerable trauma’ for the Clearance Diver community.<sup>22</sup>
10. A May 2021 Navy Review into Governance and Management of Navy Diving (May 2021 Navy Report), further identified a ‘discernible emerging trend of mental health issues in [Clearance Divers], particularly amongst those sustaining a physical injury leading to a MEC [military employment classification] downgrade’.<sup>23</sup>
11. Concerningly, the May 2021 Navy Report also outlined that:

Navy Diving is one of the most reviewed capabilities in the Navy, with 14 reviews since 1988 and 10 in the last five years. **Few, if any, of the recommended actions from these reviews have been actioned.**<sup>24</sup>
12. In February 2022, NCDT made a submission to the Royal Commission (NCDT Submission).<sup>25</sup> The NCDT Submission, which was underpinned by a survey (NCDT Survey) conducted by the NCDT of current and former Clearance Divers and their families,<sup>26</sup> raised concerns about the prevalence of suicide risk factors and poor mental health among the Clearance Diver community.<sup>27</sup> A number of the issues raised by the NCDT Survey results – physical injury leading to high rates of medical discharge,<sup>28</sup> disguising injuries,<sup>29</sup> workforce shortages adding to pressure on Clearance Divers<sup>30</sup> and mental health issues amongst those serving<sup>31</sup> – mirror some of those mentioned in the May 2021 Navy Report.



13. On 14 March 2022, Ms Denise Goldsworthy provided a copy of the NCDT Submission to the then Chief of Navy.<sup>32</sup> In May 2022, the then Chief of Navy responded, thanking the NCDT for the 'insights' provided by the submission but outlining that Defence could not further explore the information it contained because it had not gone through the relevant ethics approval process and did not comply with the Department of Defence's requirements.<sup>33</sup> The NCDT was encouraged to contact the Defence and Veterans' Affairs Human Research Ethics Committee should it be interested in pursuing further information regarding the experiences of former and current serving Clearance Divers.<sup>34</sup> That was, Ms Goldsworthy told us, 'pretty much the end of the conversation'.<sup>35</sup>
14. The evidence given to the Royal Commission by several former Clearance Divers and the NCDT is illustrative, in a number of respects, of accounts we heard from others of risk factors for suicide and suicidality amongst current and former members. But the frustrations those witnesses experienced in trying to engage with Navy about these issues is also a familiar story. It reflects observations we have made elsewhere in this report about institutional shortcomings within Defence, and the need for greater organisational accountability to effect meaningful change and reduce the incidence of suicide and suicidality within the ADF.
15. That is not to diminish the matters raised by Defence as outlined at paragraph 5. However, the evidence provided to the Royal Commission demonstrates a need for further action and investigation into this cohort.
16. It is against that background that we determined to include in this final report this case study into suicide, suicidality and adverse mental health outcomes associated with service among Clearance Divers.

## 2 Background

### 2.1 Navy Clearance Divers case study

17. The Royal Commission sought information and documents related to Navy Clearance Divers by way of compulsory notices to Defence and the Department of Veterans' Affairs. The Royal Commission also conducted site visits to HMAS *Penguin* and HMAS *Waterhen* in Sydney – home to Australian Clearance Diving Team One (AUSCDT ONE) – and spoke with current Clearance Divers and trainees, Navy officers and sailors.
18. Several witnesses gave written and oral evidence to the Royal Commission, including:
  - (a) Ms Denise Goldsworthy AO, Chair of the Navy Clearance Diver Trust
  - (b) Mr Michael Maley CSC DSM, former Royal Australian Navy Captain
  - (c) Mr Ashley Semmens, former Royal Australian Navy Chief Petty Officer
  - (d) Mr Jeremy Thomas, former Royal Australian Navy Leading Seaman.
19. A summary of the evidence from these witnesses is set out in this section.

20. Defence contends that the evidence of witnesses with 'historical experience as clearance divers, deployed within the Middle East Area of Operations in roles not reflective of traditional diving employment' is of limited probative value in making 'general findings about the contemporary environment'.<sup>36</sup>
21. The Royal Commission does not seek to rely on their evidence to make findings about matters beyond the time and circumstances in which they served. But their individual experiences are illustrative of matters we are tasked to examine about suicidality and adverse mental health outcomes associated with service.<sup>37</sup>
22. Moreover, their evidence is not confined to 'historical' experiences within the Middle East Area of Operations. As the summary which follows make plain, the evidence of these witnesses extends to experiences during the life of this Royal Commission and their ongoing interactions with members of the current and former Clearance Diver community, including through the work of the NCDT.
23. The Royal Commission has also obtained written evidence from other current or ex-serving Clearance Divers by way of statements and/or submissions. The evidence of these witnesses has assisted to guide our inquiry into this cohort.
24. In Hearing Block 12, Chief of Navy, Vice Admiral Mark Hammond AO, appeared before us. Vice Admiral Hammond gave evidence over 7 months after we heard from the last of the factual witnesses identified at paragraph 18 and availed himself of the opportunity in his written statement to 'discuss matters related to the clearance diver branch that may be of interest to the Royal Commission'.<sup>38</sup> Those matters were also canvassed during his oral testimony. His evidence is further discussed in section 4.

## **Navy Clearance Diver Trust and Ms Denise Goldsworthy AO**

25. The NCDT is a not-for-profit trust fund and registered charity dedicated to providing relief to current and former Clearance Divers and their dependants. Its inception coincided with a shark attack in February 2009, involving a Clearance Diver.<sup>39</sup> Founding members were concerned that although his medical costs were covered, other costs incurred were not.<sup>40</sup> The NCDT became operational in 2012, adopting a similar welfare trust model to that established for the SAS Regiment, who similarly work in high-risk operational environments.<sup>41</sup>
26. The NCDT does not seek to replicate the work undertaken by large scale ex-service organisations such as the RSL. Instead, the organisation tries to address some of the unique issues faced by Clearance Divers struggling with complex interactions between the hardship caused by mental and physical injuries, or a loss of identity by providing a 'trusted personal connection'.<sup>42</sup>

27. Ms Goldsworthy, who appeared in Hearing Block 9 in Perth, described NCDT's purpose in her statement to us as:
- provid[ing] current and former Clearance Divers with individual bespoke support as required, including by directing them to the right services or supports, providing financial assistance, or providing a sense of community through our fundraising events, and other forms of support. Our model of support is to be available to provide 'whole of life' support for current and former Clearance Divers, sometimes providing the support directly and in many cases, helping the Clearance Divers make the right connections to other individuals or organisations who can also provide support.<sup>43</sup>
28. Ms Goldsworthy became Chair of the NCDT in 2017. At that time, she held concerns that the organisation was not making a difference; the NCDT did not have a lot of resources and the community was not engaging with them.<sup>44</sup> Part of her role as Chair was to recreate the vision for the NCDT. In practical terms, this meant getting the trust of Clearance Divers while they were still in uniform by engaging with them as a group.<sup>45</sup> With the support of serving officers involved in the organisation, NCDT began a program of planned engagements including fundraising events and dinners with serving and ex-serving Clearance Divers.<sup>46</sup>
29. Social connection is now at the core of the work of the NCDT. As Ms Goldsworthy told us:
- It's a bit like a spider-web, the network of Clearance Divers, and I feel like I'm part of that spider web now. The pain that they have, the experiences they have been through, really can only be shared by other Clearance Divers. But part of my role is sometimes to take some of that pain and spread it to different parts of the network. The way I'm connected across the spider web is different ... I have the Clearance Divers who are my supporters and friends, and if I'm carrying a Clearance Diver, I share the burden with them and it ... gets diluted out across the network.<sup>47</sup>
30. The NCDT offers both preventative and reactive support to Clearance Divers and their dependants. Trust #1 aims to fill the gaps in providing relief from hardship resulting from injury or health impacts (physical or mental) of Clearance Divers, whereas Trust #2 was established to focus on preventing hardship among Clearance Divers.<sup>48</sup> The NCDT hopes that aspects of this preventative work – such as a transition program currently being undertaken in conjunction with the University of Queensland directed to assisting Clearance Divers with creating a new identity as they transition to civilian life – may benefit the veteran community as a whole.<sup>49</sup>
31. The NCDT is independent of the Navy and Defence. There is an ongoing (but not formal) relationship between the NCDT and the Navy, including ex-officio positions held by Navy officers as Trustees and on the board of the Corporate Trustee of Trust #2. The NCDT receives some funding by way of government grants, but is reliant upon donations and fundraising to undertake its work.
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32. The impetus for the NCDT Submission was a cluster of three suicides or suspected suicides of former Clearance Divers over the space of 18 months.<sup>50</sup>
33. Ms Goldsworthy told us that this was a time of considerable trauma within the Clearance Diver community.<sup>51</sup> After the second suicide, Clearance Divers started to proactively get in contact with their mates who they thought may be at risk to try to prevent another suicide occurring.<sup>52</sup> This came to be known as the 'Call a Diver' program. Ms Goldsworthy was not directly involved in the program but did speak with the Clearance Divers conducting the program. One particular conversation sticks in her mind:

[he] rang me one day and he said, 'I need your help'; how can I help? And he said that 'One of my mates, we have just discovered that he's just attempted suicide for a second time and a group of us have now put him on suicide watch, so there is somebody ringing him every two hours, and I've just had my first shift, and I need to talk to somebody about that conversation that I've just had.'

And he said to me that, 'The biggest thing I struggled with was I didn't know what to say to him.' These were both Clearance Divers who were dual qualified, not only as Clearance Divers but as Commandos as well, so it is the stereotypical alpha males. And this [Clearance Diver] explained to me, he said, 'I didn't know what to say to him so I told him I loved him. Was that a good thing for me to say to him?'<sup>53</sup>

34. The third suicide occurred around the time this Royal Commission was announced.<sup>54</sup> It was also during the middle of the COVID-19 pandemic. A WhatsApp group – including over a hundred Clearance Divers – was established to enable the community to grieve together in the best way they could during the pandemic.<sup>55</sup> A decision was made to put together a working group to design a submission that would be useful to the Royal Commission.<sup>56</sup> The NCDT believed it needed data to make quality recommendations, but the question was how that could be obtained.<sup>57</sup>
35. The NCDT engaged with Navy representatives about the collection of data and preparation of a submission.<sup>58</sup> It was advised that this would require formal ethics approval, which would take approximately 6 months.<sup>59</sup> Given the Royal Commission's timeframe, the NCDT determined this was too long and a decision was made to work outside the Navy process.<sup>60</sup> The organisation did, however, employ a survey specialist and worked with Edith Cowan University to design the survey that underpinned the NCDT submission.<sup>61</sup> We examine the results of that survey in section 3.

## Mr Michael Maley CSC DSM

36. Mr Michael Maley CSC DSM appeared before the Royal Commission in Hearing Block 10 in Adelaide. His oral evidence was also supported by a written statement which was tendered into evidence.<sup>62</sup>
37. Mr Maley joined the ADF in 1983 and served for over 38 years, 36 of those in the Navy.<sup>63</sup> For the majority of his military career, Mr Maley was a Clearance Diver.<sup>64</sup> During his time in the Navy, Mr Maley spent approximately 2 years in active war zones and 7 years in command positions.<sup>65</sup> He obtained the rank of Captain and has been awarded the Conspicuous Service Cross and Distinguished Service Medal.<sup>66</sup>

38. In 2007, after a period of time as the Commanding Officer of the Australian Clearance Diving Team 1, Mr Maley became Deputy Command and then Chief Staff Officer of the Mining and Clearance Diving Task Group.<sup>67</sup> As part of this role, he was Chair of Dive Safe, the organisation responsible for implementing diving safety across the Navy.<sup>68</sup> It was in 2009, during his tenure in this role, that Mr Paul de Gelder was attacked by a shark in Sydney Harbour while conducting a training exercise.<sup>69</sup>
39. Mr Maley gave evidence of the ‘fantastic’ investigation by Comcare into shark attack incident, including constructive feedback as to how the risk of shark attack could be assessed.<sup>70</sup> He also told us of frustration that Fleet Headquarters overrode two of the recommendations arising from that investigation: the reinstatement of diver medical technician courses and the provision of tourniquets on dive boats.<sup>71</sup> Mr Maley explained that the decision ‘played on my mind heavily’ because of ‘the inability to make dive sites safer’.<sup>72</sup>
40. Mr Maley deployed to Afghanistan on two occasions, first in 2011 and then in 2019. He gave evidence of a number of traumatic experiences that he faced while on these deployments, and the high-risk and high-pressure working environments that he was exposed to over a significant period of time. Mr Maley had a Post-Operational Psychology Screening (POPS) after his return to Australia but found it did not offer any genuine offers of mental health support.<sup>73</sup> He recalls disclosing the impact of a particularly traumatic incident but being told what he was experiencing was normal and that he ‘would eventually get over it’.<sup>74</sup> Mr Maley also withheld aspects of his mental health concerns, in part because he feared this would adversely impact his military employment classification status or security clearance.<sup>75</sup> He later decided to seek help outside of Defence.<sup>76</sup>
41. In 2019, during his second deployment to Afghanistan, Mr Maley received notice of his compulsory transfer to the reserves, because he was considered too specialised for further employment within the Navy.<sup>77</sup> He was eventually emailed a letter from the Deputy Chief of Navy containing a formal notice of compulsory transfer to the reserves. There was a handwritten note on the letter indicating that there should be an in-person discussion about the decision. No such discussion occurred.<sup>78</sup>
42. Mr Maley was 54 years old at the time, and still 6 years away from the compulsory age of retirement.<sup>79</sup>
43. Mr Maley’s transition was subsequently put on hold because his service was required as part of the Operation COVID-19 Assist taskforce.<sup>80</sup> He was later diagnosed with prostate cancer.<sup>81</sup> On 28 November 2021, Mr Maley formally separated from the Navy.<sup>82</sup> The only communications Mr Maley received from the Navy between diagnosis and discharge were those asking when he would be in a position to transition and another questioning why he had taken so much leave.<sup>83</sup> Mr Maley described the impact of this on him as ‘devastating’.<sup>84</sup>

44. Mr Maley is actively involved in the NCDT. He sees it as his 'moral responsibility' to contribute to the 'positive' work being done by this organisation not only to support those in distress, but also look at the root causes of that distress and what can be done 'to implement changes to de-risk the future for [the] young men and women of the Clearance Diver Branch and ... broader Defence'.<sup>85</sup>

## Mr Jeremy Thomas

45. Mr Jeremy Thomas appeared before the Royal Commission in Hearing Block 10 in Adelaide. His oral evidence was also supported by a written statement which was tendered into evidence.<sup>86</sup>
46. Mr Thomas joined the Army in 1996 under the Ready Reserve Scheme.<sup>87</sup> He describes himself as an 'accidental military person'.<sup>88</sup> After leaving school, he happened across the Defence Force Recruiting Centre and learned of the opportunity to undertake 12 months of full-time service before returning to his university studies and continuing Army service on a part-time basis.<sup>89</sup>
47. Mr Thomas found his time in the Army 'quite uplifting and intoxicating'.<sup>90</sup> He was 'thrown into the recruit school environment' with a 'diverse group of people' and 'went on to achieve something together'.<sup>91</sup> During this time, Mr Thomas had a conversation with his platoon sergeant about his career aspirations. He is from Milne Bay, a group of islands in Papua New Guinea<sup>92</sup> and has a deep affinity with the ocean.<sup>93</sup> Mr Thomas told the sergeant of his interest in diving and was told about the role as a Clearance Diver.<sup>94</sup>
48. Mr Thomas formally transferred to the Navy in 1999, where he ultimately achieved the rank of Leading Seaman.<sup>95</sup> In 2000, he was posted to HMAS *Waterhen* after passing the Clearance Diver Acceptance Test and completing the Basic Clearance Diver course.<sup>96</sup> Not 12 months later, two civilian aircraft were flown into the World Trade Centre in New York City in the United States.<sup>97</sup>
49. Mr Thomas sees his Navy career as mirroring the impact of September 11.<sup>98</sup>
50. In October 2001, he was deployed to HMAS *Leeuwin* in support of Operation Relex.<sup>99</sup> That time involved many challenges. Mr Thomas was involved in border patrols taking those aboard suspected illegal entry vessels away from Australia.<sup>100</sup> He says of this experience:

A lot of the people we encountered during Operation Relex were desperate people seeking a better life in Australia. They were such beautiful people and we were sending them away to a place that was not safe.

I dealt with this by trying to have faith in humanity ... I ... tried to compartmentalise. I was there to do my job.<sup>101</sup>



51. Between 2003 and 2010, Mr Thomas had numerous deployments to the Middle East.<sup>102</sup> In the intervening period, in 2009, he was supervising a diving exercise when Mr Paul de Gelder was attacked by a bull shark in Sydney Harbour.<sup>103</sup> Mr Thomas was able to save his life with a makeshift tourniquet made out of a greasy line; he was told by his surgeon that 30 seconds more bleeding and Mr de Gelder would have died.<sup>104</sup> Mr Thomas attributes the Clearance Diver Aptitude Test (CDAT) as equipping him with the presence of mind and trust in his colleagues to manage that incident.<sup>105</sup>
52. Later that year, Mr Thomas was in Afghanistan when the vehicle he was travelling in was blown up, resulting in him being transferred to a medical facility at Tarin Kowt.<sup>106</sup> There he was assessed by Mr de Gelder's sister.<sup>107</sup> It was 'quite emotional' when they recognised each other.<sup>108</sup> But Mr Thomas' overarching desire was to get back out into the field.
53. He told us:
- I wanted to be back with my team and I did not want to let them down. I think I downplayed the situation because I ... saw those who had injuries much worse than mine ... That feeling – that I needed to get back out there and contribute and finish the job – was overwhelming. This mindset caused me to mask some of the responses given during my medical assessment. For example, I reported that I did not lose consciousness, even though I did. If I admitted to this, I thought that they might keep me in treatment for longer and I would be held back from returning to my team.<sup>109</sup>
54. Mr Thomas returned to Australia in March 2010.<sup>110</sup> The feeling was 'surreal'.<sup>111</sup> Reintegration into the Navy was 'difficult'.<sup>112</sup> The unit he had been deployed with went home together. But Mr Thomas went back to his individual team and there were no people around who shared his experience.<sup>113</sup> It was difficult for his colleagues to empathise with the experience he had in Afghanistan and Mr Thomas could not explain it to them, as he was still processing it himself.<sup>114</sup>
55. Upon his return, Mr Thomas opened the first aid kit in the Dive School and immediately noticed that there was still no tourniquet.<sup>115</sup> This 'marked the beginning of the end of [his] Naval career'.<sup>116</sup> He considered the provision of a tourniquet to be 'low hanging fruit'.<sup>117</sup>
56. In 2011, Mr Thomas realised his mental health was starting to deteriorate and self-referred to a private psychologist.<sup>118</sup> After he saw the psychologist, Mr Thomas was medically downgraded.<sup>119</sup> Mr Thomas discharged from the Navy in 2015. Following this, he returned to the Navy in a civilian role as a Safety Officer. In this role, he explained how he became concerned about the safety of divers, and he raised these concerns with the Navy.<sup>120</sup>

## Mr Ashley Semmens

57. Mr Ashley Semmens appeared before the Commission in Hearing Block 10 in Adelaide. His oral evidence was also supported by a written statement which was tendered into evidence.<sup>121</sup>
58. Mr Semmens joined the Navy in 2005 and served for over 18 years, achieving the rank of Chief Petty Officer.<sup>122</sup> He joined in 2005, aged 20, as a direct entry Clearance Diver.<sup>123</sup> During his time in the Navy, Mr Semmens was deployed to Afghanistan – the first Able Seaman Clearance Diver to do so.<sup>124</sup>
59. It was during his initial Clearance Diver training course that Mr Semmens was first exposed to suicide.<sup>125</sup> His young roommate failed to meet his duty requirements during Christmas leave period and, fearful of the repercussions, went AWOL.<sup>126</sup> About 18 months later he died by suicide.<sup>127</sup> Mr Semmens told us of his sadness at this loss and his determination, despite the refusal of his commanding officer, to attend the funeral of his friend in uniform.<sup>128</sup>
60. Mr Semmens enjoyed the work he undertook during his early career as a Clearance Diver. But his later experience on deployment was ‘difficult’.<sup>129</sup> About halfway through his deployment, he was involved in an incident where his vehicle was impacted by an undiscovered improvised explosive device (IED).<sup>130</sup> Mr Semmens was physically sound but felt that there was very little psychiatric support, as the operational tempo did not really allow for it.<sup>131</sup> But in any event, he was not frank about his mental health in the psychological screening that followed.<sup>132</sup> This was because – Mr Semmens told us using a sporting analogy – ‘that was my grand final, that’s what I was trained to go and do, and I knew that being honest would cut that short’.<sup>133</sup>
61. When Mr Semmens returned to Australia, he felt that his time on deployment was ‘forgotten, not acknowledged, not used to benefit anyone’.<sup>134</sup> This was, he told us, a consequence of being separated from the Navy while in Afghanistan and then leaving the Army unit with whom he was deployed.<sup>135</sup> Mr Semmens found this disappointing, because it was a lost opportunity to use the skills and experiences he was returning with to train others.<sup>136</sup>
62. In 2021, Mr Semmens was posted to HMAS *Waterhen* and promoted to Chief Petty Officer and Officer in Charge of the Maritime Explosive Ordinance Device Capability.<sup>137</sup> This was his ‘dream role’.<sup>138</sup> But the ‘stress and moral discomfort’ of teaching and directing junior Clearance Divers to undertake roles like he had in Afghanistan led Mr Semmens to his ‘lowest point’.<sup>139</sup> The internal conflict between his pride at being promoted and his concerns about those under his command left Mr Semmens feeling distressed and ashamed.<sup>140</sup> He had suicidal thoughts.<sup>141</sup>
63. This was when Mr Semmens sought help.<sup>142</sup>

64. The next day, he walked into the Medical Unit at the ADF Dive School and told his commanding officer and warrant officer about how he was feeling.<sup>143</sup> Their response was, Mr Semmens told us, ‘amazing’ – they seemed to drop everything in order to help him.<sup>144</sup> He was flown back to his family in Brisbane that day; it was the last time he put a uniform on.<sup>145</sup>
65. Shortly prior to his discharge, in July 2022, Mr Semmens emailed Navy leadership to raise concerns about the prevalence of mental illness and suicide among Clearance Divers.<sup>146</sup> That email detailed his attendance at the funerals of four former Clearance Divers who had died by suicide since 2005 and his observations of self-harm and extreme alcohol and drug abuse among members.<sup>147</sup> Mr Semmens outlined his view that this cohort are particularly at risk during transition because their identity is strongly tied to being a Clearance Diver, and offered solutions, including education around mental health and the ramifications of disclosure on members’ careers.<sup>148</sup>
66. Mr Semmens received a holding response from the office of the (then) Chief of Navy, given that he was to retire the following day.<sup>149</sup> He also received a phone call from the Warrant Officer of the Navy, who he knew quite well, informing him of Navy mental health initiatives.<sup>150</sup> Beyond that, there was no response.<sup>151</sup> Mr Semmens found this ‘shocking, not surprising’.<sup>152</sup>
67. Since his discharge, Mr Semmens has assisted other Clearance Divers with mental health concerns.<sup>153</sup> Mr Semmens told us that this voluntary role is borne out of a desire to prevent future death by suicide and a realisation that ‘if ... needed some help ... then there were probably others out there that did too’.<sup>154</sup>

### 3 Issues which may affect Navy Clearance Divers

68. Evidence before the Royal Commission indicates that some current and former Navy Clearance Divers may experience suicide, suicidality and adverse mental health conditions associated with their service.
69. The Royal Commission is aware of five suicides and one suspected suicide of current or ex-serving Navy Clearance Divers that have occurred since 2001.<sup>155</sup> Defence also advised us that it is aware of at least six incidents of self-harm, suicide attempts or suicide ideation by serving Clearance Divers since 2017.<sup>156</sup>
70. As noted, tragically, there were three deaths by suicide or suspected suicide of ex-Clearance Divers within approximately 18 months between 2019 and 2021.<sup>157</sup> Witnesses gave evidence about the significant impact that those deaths had on the Clearance Diver community, including trauma and concerns that there was a risk of suicide clusters developing within the community.<sup>158</sup>

71. For example, that trauma is reflected in the email that Mr Semmens sent to Chief of Navy on 1 November 2022:

I am sick of losing my mates. I have lost five friends in my life, all of which have been serving members and only one of those members were killed doing their job unfortunately the other four were suicide. I don't want to attend another funeral.<sup>159</sup>

72. As Ms Goldsworthy told us, the 'Call a Diver' program was initiated during this time. The program involved Clearance Divers calling around to 'check-in' on their mates to identify those that were at a high risk of suicide. Ms Goldsworthy told us that the program was successful in identifying three or four attempted suicides, and identified, in her view, that the highest risk cohort of Clearance Divers were those in their 30s and 40s within a couple of years of separating from the Navy.<sup>160</sup>

73. The NCDT also conducted a welfare survey of 135 current and ex-serving Clearance Divers, who participated on a voluntary basis, as part of their submission to the Royal Commission. The results of the NCDT Survey, compiled by a qualified statistician, indicated that, of those who responded to each survey question:

- 93% suffered an injury during service
- 54% suffered concussion during service
- 56% had suffered mental health issues relating to their service, and almost all of those (54% of the total population) had disguised their mental health issues
- 40% were suffering symptoms of depression
- 40% had considered suicide
- 27% had self-harmed.<sup>161</sup>

74. The NCDT's submission also estimated that the rate of suicide among current and ex-serving Clearance Divers represents approximately 30 per 100,000 population per year, over the last 18 years, based upon a database of Clearance Divers maintained by the Royal Australian Navy Clearance Diver Association.<sup>162</sup> The NCDT considered that those figures, together with the survey results, demonstrated unacceptable levels of poor mental health within both the serving and ex-serving communities, and a high suicide rate compared to the Australian Institute of Health and Welfare's ADF-wide and national average suicide statistics.<sup>163</sup>

75. As outlined at paragraph 35, the Navy raised issues with the NCDT with respect to the applicability and useability of the NCDT Survey given the absence of an ethics approval process.<sup>164</sup> The Royal Commission does not trivialise the importance of an ethics approval process. We do not make specific findings with respect to the results contained in the NCDT Survey.

76. But materially, as the Navy itself acknowledged in the May 2021 Navy Report, there existed around this time a 'discernible emerging trend of mental health issues amongst Clearance Divers'.<sup>165</sup>

77. All three former Clearance Divers who gave public evidence to the Royal Commission as part of this case study described the adverse impacts that service had upon their mental health. For example:
- (a) Mr Maley described the mental health impacts of high-tempo and successive combat zone deployments, as well as how his transition experience impacted his mental health, which included receiving a notice of compulsory transfer to the reserves while on deployment in Afghanistan after 36 years of service.<sup>166</sup>
  - (b) Mr Semmens outlined that he had suffered post-traumatic stress disorder (PTSD) symptoms arising from his service for around ten or twelve years without putting his hand up to say that he was struggling. At his lowest point, he was suicidal and took steps towards ending his life, before finally seeking help.<sup>167</sup>
  - (c) Mr Thomas outlined his mental health decline and moral injury suffered as a result of Navy's non-implementation of diving safety recommendations and a reluctance to address safety concerns. He also described the process of medical discharge as 'horrendous' which left him in a 'state of limbo', and led to a diagnosis of chronic PTSD.<sup>168</sup>
78. The NCDT submission also identified several individual and organisational risk factors which it considered contributed to suicide and suicidality among the Clearance Diver cohort.<sup>169</sup> The Royal Commission has considered these factors, along with other risk factors identified during the inquiry, and examined these by way of seeking information and documents from Defence.<sup>170</sup>
79. The Royal Commission has determined that there are five potential risks factors and one protective factor that are material to the risk of suicide, suicidality, and adverse mental health among current and ex-serving Clearance Divers.

### **Risk factors**

- (1) Clearance Divers are exposed to, and experience high rates of physical injury. Physical injuries and its consequences, such as removal from networks, can be associated with poor mental health outcomes.
- (2) Clearance Divers experience high rates of medical discharge, in part because of a lack of meaningful employment opportunities within Navy to retain personnel who have been injured from their service. Medical separation is a risk factor for suicide and suicidality amongst ADF members.<sup>171</sup>
- (3) Some organisational policies and practices may act as help-seeking barriers to Clearance Divers disclosing and receiving treatment for physical and mental injuries.
- (4) The delay of 5 years in implementing the Comcare recommendation that diving medical aid kits include tourniquets is an instance of poor organisational learning within Navy, that has adversely affected individual Clearance Divers.

- (5) Clearance Divers experience a high-tempo operational work-load and there are minimal opportunities for respite. This in turn is a risk factor for physical and mental injury.

**Protective factor**

- (6) The provision of comprehensive bespoke transition support is a protective factor against the risk of poor mental health outcomes for transitioning Clearance Divers.

### 3.1 Risk factor #1: high risks of physical injuries

80. The day-to-day work of a Clearance Diver involves inherent risks of incurring physical injuries. Scuba diving is a physically demanding activity upon the body, particularly for the skeletal, muscular and respiratory systems. Defence told us that the most common types of injuries suffered by Clearance Divers were soft tissues injuries, exposure to substances, trauma to muscles, and poisoning and toxic effects of substances. Aural barotraumas (injuries to the ear caused by pressure changes), ‘caustic cocktails’ (acidic liquid resulting from water entering a closed rebreather system) and saltwater aspiration were the most common suspected injury type.<sup>172</sup>
81. Increasing the risk profile of the work, Clearance Divers conduct technical activities while underwater, often in challenging and potentially life-threatening environments involving explosive devices. In particular, numerous witnesses and submissions raised the risks of repeated exposure to underwater percussive blasts and explosions and the risks of developing traumatic brain injuries, which are discussed further below.<sup>173</sup>
82. Clearance Divers are acutely aware of the high-risk nature of their work. For example, a former Clearance Diver told us:

Clearance Divers expect to get injured during the course of their career. That’s built into the job. At some point I just decided a near death experience was a laugh. By just getting in the water every day, you expose yourself to risks of pressure injuries, barotraumas, oxygen toxicity, marine life attacks, equipment failure, to name a few. I have been chased out of the water by sharks and circled by crocodiles. It’s something you normalise as acceptable. So, every time I had a near-death experience and was inches away from dying, I didn’t panic. I laughed.<sup>174</sup>

83. Mr Maley highlighted the inherent danger and risk:

The diving work that I was doing was inherently dangerous. Every day we would go into the water, there was a risk that something could go wrong. The consequences of any mistake or malfunction of any type of equipment could be life threatening. Workplace health and safety had to be spot on.<sup>175</sup>



84. Mr Semmens explained how the danger of the work affected him:

I was involved in a lot of high-risk activities from the time I was posted to HMAS *Gascoyne*. Diving itself is high risk, as divers rely on a dive set to keep them alive while underwater. Additionally, some of my duties involved responding to suspected illegal fishing vessels, boarding suspected illegal entry vessels and driving those vessels back to where they came from. In these situations, I never knew exactly what I was going to encounter.<sup>176</sup>

85. The high risks of physical injuries are also well known to Navy and Defence. They told us that:

Diving activities expose CDs [clearance divers] to a wide range of potential hazards, which can lead to a range of injuries and illness and potential psychosocial illness. The aquatic environment is non-respirable and creates changes that are:

- (i) Physical – pressure, gas laws, temperature, noise and light
- (ii) Physiological – effects of pressure, decompression illness, barotraumas, gas toxicity, drowning, medical fitness
- (iii) Psychological – experience, training, competence, behaviour, panic
- (iv) Task or environmental related – marine animals, trauma, use of plant, vessel movements, entrapment, currents, visibility.<sup>177</sup>

86. According to research undertaken by the University of Wollongong in 2007, more than 95% of Clearance Divers reported injuries while undertaking their duties, and of all the injuries incurred by Clearance Divers in a two-year period, 72% could be attributed to physical training.<sup>178</sup> Similarly, 93% of respondents to the NCDT survey reported suffering an injury during service.<sup>179</sup> We do not make a specific finding in terms of the NCDT survey results. Importantly, however, the Commonwealth agrees that Clearance Divers are exposed to, and experience, high rates of physical injury.<sup>180</sup>

87. The 2007 University of Wollongong (UoW) paper was recently cited in the May 2021 Navy Report:

Interviews with SMA SUMU [Submarine & Underwater Medical Unit] reveal that Navy Divers suffer high rates of medical injuries during CDAA [Clearance Diver Aptitude Assessment], IET [initial employment training] and throughout Diving career paths. Data from UoW revealed that 95% of Navy Divers reported being injured while working, leading to exacerbating workforce shortages, reducing careers and wasteful training resources. Senior Medical Advisor SUMU also strongly suspects very high 'unreported (hidden) injury' rates.<sup>181</sup>

88. Clearance Divers we spoke to gave anecdotal evidence about the high (and in their views, increasing) rates of physical injuries incurred by divers as part of their work. This included personal accounts of suffering from (or witnessing fellow divers suffer) loss of consciousness underwater, shoulder and hip injuries, collapsed lungs, tinnitus, traumatic brain injury, and loss of limbs.
89. Related to this, the Clearance Divers we spoke to also agreed that there was a link between physical and mental injuries. For example, one former Clearance Diver told us that:
- [Medical condition redacted] when I was putting on my shoes. It was the most anti-climactic ending to my career. I knew that was the end. There wasn't even a pregnant pause between the doctor telling me, as I lay in my hospital bed, '[redacted] Hey, you're a diver...' and me responding 'I was'. I went straight to crying. It was the first time I cried in thirty years because I realised that I had lost my passion and career. Had I not gone to the doctors by the time I did, I would have gone into cardiac arrest.<sup>182</sup>
90. Defence acknowledge that high rates of physical injury are a potential risk factor for suicide, suicidality and adverse mental health outcomes. However, Defence emphasises that a necessary causal relationship between a risk factor from injury and the outcome of suicide or suicidality cannot be assumed in all cases for Clearance Divers as a cohort.<sup>183</sup> The Commonwealth further emphasises that there is an absence of quantifiable evidence to support the proposition that physical injury, as such, has a direct correlation with mental health outcomes among Clearance Divers.<sup>184</sup>
91. In Hearing Block 10, the Royal Commission heard from a panel of experts, Professor Rodney Pope, Dr Stephan Rudzki AM and Professor Rob Orr, on the topic of injury prevention, management and surveillance. When asked by Counsel Assisting about whether there is 'any relationship between physical injury, pain and potentially suicidality, suicide ideation and the like', Professor Pope explained that there was 'good evidence' that 'both injury and chronic pain, and also pain catastrophising, or a fear of pain' are all independent risk factors for suicide.<sup>185</sup> He further explained that in the ADF context, there is often a legitimate fear of pain and what it might mean for personnel 'due to the range of quite substantial, physically arduous activities that they need to be able to return to'.<sup>186</sup>
92. Similarly, Professor Orr explained that physical injuries can impact upon an ADF member's mental health in that injuries are inconsistent with military values such as teamwork and achieving mission outcomes. The feeling that members are no longer part of the team or 'putting in like the rest of the team' due to injuries often commences a 'negative downward spiral' in terms of mental health.<sup>187</sup>

93. While we acknowledge the absence of quantifiable evidence that would enable a specific finding to be made about the correlation between physical injury and adverse mental health outcomes for this cohort, the Royal Commission considers that, in the case of Clearance Divers, their risk profile may be heightened due to the emphasis on teamwork, identity and high performance placed within the branch.
94. Another issue raised by both NCDT and Clearance Divers witnesses that we spoke to was the potential association between traumatic brain injury (such as chronic traumatic encephalopathy – a degenerative brain disease linked to repeated head trauma) and exposure to underwater explosive percussive blasts. Mr Maley told us that:

The role exposes clearance divers to repeated underwater blast exposures and chemicals. Cumulatively over my career, I estimate that I have been exposed to over 30,000 rounds fired. The reason why this is important is because of the developing knowledge about the cumulative effects from continuous blast exposure upon traumatic brain injury.<sup>188</sup>

95. These concerns were particularly notable in light of recent deaths by suicide of Clearance Divers who had been posted to the Tactical Assault Group division.<sup>189</sup> We were told that:

... Clearance Divers are firing live rounds every day. They would constantly be exposed to door frame charges, potentially thousands of charges a week. That exposure to percussive pressure is much more than a standard diver and much much more than a standard ADF member.<sup>190</sup>

96. In its submission to the Royal Commission, the NCDT implored Navy to explore the possible link between blast exposure, chronic traumatic encephalopathy and mental ill health, and adopt monitoring to track cumulative exposure of Clearance Divers in training environments.<sup>191</sup> Ms Goldsworthy considered that, in light of the recent deaths by suicide, 'it is something that should not be ignored' by Navy.<sup>192</sup>
97. Defence told us that while 'the overall health and wellbeing of Clearance Divers, including health impacts of their duties, are routinely monitored',<sup>193</sup> it has 'not conducted [its] own studies, reports and/or inquiries into traumatic brain injuries or the risk of CTE [chronic traumatic encephalopathy] relating to percussive blasts'.<sup>194</sup> The Royal Commission is not in a position to make any conclusions on the association between service at the Tactical Assault Group and suicide and suicidality as a result of blast exposure. However, we note that this is an emerging area of research for other professions that are exposed to activities that may contribute to concussive brain injuries. We are supportive of Navy conducting further studies (or considering studies conducted by other armed forces) into potential risk factors for Clearance Divers as a result of exposure to underwater percussive blasts. Chapter 14, Introduction to health care for members and veterans, discusses and makes a recommendation regarding risk factors associated with brain injury and chronic traumatic encephalopathy.

98. Defence accepts that physical injury, at least when it removes them from their networks, can be a risk factor for suicide and suicidality for some members.<sup>195</sup> Indeed, the then Chief of Navy, Vice Admiral Mark Hammond AO RAN, gave evidence of his lived experience with physical injury and the impact on his identity and mental health.<sup>196</sup> Vice Admiral Hammond drew parallels between his own experience and that of Clearance Divers. He told us, in the context of addressing the intersection between mental health and suicide, that:

Similar to my experience as a submariner, one of the biggest issues facing the Clearing Diving branch is the issue of identity. Many clearance divers identify themselves in terms of their branch (Clearance Diving), their unit or their team (CDT) and by their function.

To be a Clearance Diver is to be working in a diving role and to be surrounded by fellow divers. As a result, any injury, illness or other factor, which sees them separated, removed or unable to engage with their work location, impacts upon their sense of self.<sup>197</sup>

99. The Royal Commission does not suggest that all physical injuries are entirely preventable. Nor do we suggest that poor mental health outcomes arise because of physical injuries in all circumstances. We acknowledge that work of a Clearance Diver is, at times, inherently dangerous, subjecting them to high susceptibility to the occurrence of physical injuries. We also acknowledge that their role is critical to ensure that Navy achieves its important strategic objectives and priorities.
100. Nevertheless, Defence and Navy do have a legal, professional, and moral duty to eliminate, as far as reasonably practicable, risks to work place health and safety. This includes physical injury risks arising from service, and requires Defence to identify and take steps proactively to eliminate or minimise those risks from occurring. This should involve taking specific steps to eliminate or minimise physical injury risk to high-risk cohorts such as Clearance Divers.
101. Defence advised us that Clearance Divers have access to, and use, the same medical facilities as all Navy personnel to recover and rehabilitate from physical injuries incurred during service.<sup>198</sup> We are also aware that some bases have specialist diving medical care available, such as the Submarine Underwater Medicine Unit at HMAS *Penguin*.
102. Defence told the Royal Commission that:

The Navy's primary objective for all injured members, including Clearance Divers, is to return the member to the previous level of physical capacity at the earliest available opportunity, while keeping the member engaged and supported. If the member is unable to meet the physical standards required for service, the goal is to enable the member to have the best function and self-management strategies possible based on their condition to ready them for transition from the ADF.

Navy members, who participate in a rehabilitation program as part of their recovery, are provided a relevant Military Employment Category (MEC) to enable the member to focus on their rehabilitation. The allocation of the MEC communicates to command the requirement to support the member's rehabilitation.<sup>199</sup>

103. The Royal Commission does not consider that a 'one size fits all' approach sufficiently acknowledges the increased risks and rates of physical injury among Clearance Divers. Clearance Divers are unique within the Navy in that unlike other warfare platform operating systems, they are both 'the platform and the system'.<sup>200</sup> Ship, submarine and aviation platform-based systems are built upon significant support from engineers and engineering systems. In Navy Diving, the Clearance Diver 'is the complex weapon system'.<sup>201</sup>
104. The need for bespoke care for Clearance Divers accords with the recommendation in the May 2021 Navy Report that a 'Human Performance Optimisation Cell' (Cell) incorporating the Submarine and Underwater Medicine Unit (SUMU) be developed to increase and support Navy Clearance Diver performance, medical state and reduce separation rates.<sup>202</sup> That recommendation, first made in 2009, was founded on a recognition of the parallels between Clearance Divers and elite high-performance teams within Army (special forces soldiers) and the Airforce (jet pilots).<sup>203</sup> The intention is that the Human Performance Optimisation Cell work with the Submarine and Underwater Medicine Unit and the Diving command to optimise human performance. This was to be delivered by professionals as a primary and secondary prevention strategy alongside coordination of Joint Health Command rehabilitation plans.<sup>204</sup> The Royal Commission commends this recommendation to Navy.
105. This risk factor may also be exacerbated by real or perceived fears of divers being medically discharged from the ADF simply by disclosing injuries. The stigma regarding physical (and mental) injuries and the consequential risk of medical discharge precludes early intervention or diagnoses of illness or injuries, and prevents Clearance Divers receiving medical attention prior to crisis point. This is discussed further below.

## 3.2 Risk factor #2: high rates of medical discharge

106. A Clearance Diver must hold a military employment classification (MEC) / Specialist Employment Classification (SPEC) of J22/D21 or higher in order to be posted to an operational diving unit.<sup>205</sup>
107. A MEC status of J22 is one of the highest MEC classifications. It requires members to be both 'deployable and employable'. The purpose and rationale of the medical fitness standards for a Clearance Diver are to ensure that an individual is able to withstand the extreme physiological and psychological stresses of the underwater environment, in addition to the stresses of military duties.<sup>206</sup>
108. Clearance Divers are also subject to periodic health examinations focused on diving fitness and are required to be 'emotionally stable' with no history of major depression, anxiety, panic attacks, fear of water or confined spaces.<sup>207</sup>

109. The Royal Commission does not query the rationale of the 'operational' MEC classification. However, for the reasons set out in Chapter 5, The military employment classification system and medical separation, the Royal Commission believes that medical separation is a known risk factor for suicide and suicidality. In particular, this risk appears to be accentuated for Clearance Divers given the highly specialised nature of the role, a real or perceived fear that there is a lack of subsequent employment opportunities, and the close link between service and identity.
110. The Royal Commission heard competing evidence of the link between an 'operational' MEC classification and career viability in the ADF for Clearance Divers who sustain an injury resulting in a medical downgrade or separation.
111. We agree with Defence's evidence that Clearance Divers have a highly specialised role, and that in many cases, members join the ADF to participate in a particular service or in a specific role, and as such, a transfer to another service or role is not desired.<sup>208</sup>
112. Defence also told us that, in cases where a Clearance Diver is no longer deployable, it 'can and do[es] work with the Clearance Diver to reskill into different roles which offer meaningful future employment options, but this may not be the member's preference'.<sup>209</sup> That view accords with evidence given by Mr Semmens that he did not want to leave a high-tempo job 'to be sitting behind a desk in another branch of the Navy, away from my community and where my experience was not understood'.<sup>210</sup>
113. Mr Maley told us, about the impact of a MEC downgrade, that:
- As it is, it seems there is no ability for clearance divers who are not 100% medically fit to be posted to another clearance diving billet. If you're weren't fit enough or got injured, then you wouldn't have a job. The theme is you're 100% deployable or you're discharged.<sup>211</sup>
114. As discussed above, Mr Maley gave evidence that, in 2019, while on deployment in Afghanistan, he was advised that there were no further employment opportunities for him in the Navy, resulting in a transfer to the Army reserves.<sup>212</sup> That impacted his mental wellbeing and contributed to his 'sense of abandonment from Navy'.<sup>213</sup>
115. Vice Admiral Hammond told us that, contrary to Mr Maley's experience, there *was* a future for Clearance Divers 'in alternate branches should they no longer be capable of diving or performing diving duties'.<sup>214</sup> However, in his opinion, some Clearance Divers see their role as 'their life' and do not see such a future, giving rise to an 'all or nothing mentality' which may explain a reticence to be forthcoming about incapacity or injury.<sup>215</sup> Defence also told us that of the number of Clearance Divers who were reviewed by the MEC Review Board between December 2023 and June 2024, some were reclassified to a deployable MEC or for extended rehabilitation, or to a MEC 'J42' (employment at service discretion). Those who were not reclassified received a proposal for medical separation.<sup>216</sup>



116. As set out in Chapter 5, Defence has introduced a new MEC classification 'J49' for non-deployable members who can be employed within the ADF long-term, including being posted and promoted.<sup>217</sup> However, in May 2024 the Australian Government told us there were only 48 full time members classified as J49. The Chief of Personnel, Lieutenant General Natasha Fox AO CSC, told us almost all of these members were in the Army and Air Force. There was only one in the Navy.<sup>218</sup> Defence is also in the process of determining, from a modelling perspective, the locations and numbers of members the J49 MEC classification opportunity could be provided to.<sup>219</sup> It is our hope that Clearance Divers will be considered as part of that analysis.

117. In any event, and despite the new J49 MEC classification, the perception that a medical downgrade is career-ending for Clearance Divers appears to be a pervasive cultural feature of the branch. We consider this to be a potential barrier to help seeking which may also increase the risk of worsening injuries, rather than early intervention and rehabilitation.

118. As Mr Maley explained:

I also held back in disclosing some of my mental health concerns because, I didn't want to admit to myself any problems that I was having, and I also wanted to have a future in the Navy. I feared that if I disclosed mental health concerns I would lose my medical status or security clearance. I was probably also still de-sensitised.

Disclosing mental health concerns is particularly difficult for clearance divers because you are required to hold 'MEC 1' which is the highest level of medical capability, meaning that you are always ready to be deployed. Further ... the Clearance Diver units are not set up to enable people to be medically downgraded to other non-operational units, so if you had long term medical issues then you had to go find another job or were medically discharged.<sup>220</sup>

119. This account accords with the May 2021 Navy Report, which records that Senior Medical Advisor SUMU 'strongly suspects very high "unreported (hidden) injury" rates'.<sup>221</sup> Clearance Divers expressed to the Royal Commission concerns about their MEC status being downgraded or being medically discharged from the Navy upon disclosure of suffering a physical or mental injury. We were told that, as a consequence, divers routinely hide or disguise the severity of injuries, particularly mental health injuries, and/or access medical facilities off base for fear of the injury being recorded on their medical file.<sup>222</sup>

120. Defence does not agree with the proposition that the potential for a MEC reclassification may prevent some ADF members from seeking treatment for illness or injury through the Defence health system.<sup>223</sup> But it emphasises that the system is intended to operate as a protective mechanism for both the individual and the organisation, and that seeking treatment for an injury or illness as early as possible can often give the best chance of recovery.<sup>224</sup> Defence acknowledges the need for 'ongoing work ... to encourage all ADF members, including Clearance Divers, to understand the purpose of the MEC system and to avoid viewing it as punitive' but reiterates that this may require members to 'put their personal health needs above their career ambitions'.<sup>225</sup>

121. The correlation between physical and mental injuries and a medical downgrade has been identified previously by Defence on numerous occasions, including in the May 2021 Navy Report. It stated that:

There is also a discernible emerging trend of mental health issues in CDs, particularly amongst those sustaining a physical injury leading to a MEC downgrade.<sup>226</sup>

122. Whatever the reason, a shortened military career is, self-evidently, a waste of the skills and experience of this highly trained cohort.
123. Where Clearance Divers become physically or mentally injured, Navy should continue to make efforts to ensure that there are meaningful employment opportunities within Navy to retain the member. Where this is not possible, Navy's focus should shift to ensuring the member is adequately supported to transition their identity, as well as their employment opportunities. This is discussed further below.

### **3.3 Risk factor #3: Some organisational policies and practices act as help-seeking barriers**

124. A particular consequence of a MEC downgrade for Clearance Divers is the loss of financial incentive payments.
125. As we have outlined, diving is a high-risk activity with some reports suggesting that it is possibly the highest risk training activity in the Navy.<sup>227</sup> In recognition of this fact, Clearance Divers are provided with a Clearance Diver allowance to compensate members for the stress and environmental factors associated with diving activities.<sup>228</sup> The allowance is financially lucrative, with the current per annum rate for postings to a unit clearance diving team being \$26,101, plus supplementary amounts for eligible deep diving and experimental diving.<sup>229</sup>
126. Defence confirmed that a MEC downgrade may result in a Clearance Diver losing financial incentive payments. Defence told us that:

A routine posting to a Unit/Organisation that does not attract specialist allowances would mean that the member is no longer eligible for these allowances. A downgrade of MEC, meaning a member cannot fulfil their full role as Clearance Diver, may result in non-routine posting action from the Unit that attracts the remuneration, and therefore a loss of allowance. However, a MEC downgrade does not always result in posting out from the unit, as the MEC downgrade may only be short term or utilised in another area, such as a support role.

Members will not receive a disability allowance if medically downgraded to J31 or greater. This is due to the fact they would no longer be incurring the disability and environmental factors associated with eligibility for the allowance.<sup>230</sup>

127. There is evidence to suggest that as a result of tying financial incentive and allowances to certain units, and, by extension, certain MEC/SPEC classifications, some members may be unwilling to seek support or health care, particularly for mental health care. The Commonwealth agrees that concerns around loss of financial allowances may prevent some Clearance Divers from disclosing and receiving treatment for medical conditions.<sup>231</sup>

128. An internal 2020 Defence review, titled 'Report on the Independent Seaworthiness Management Review of Navy Diving', recorded concerns raised by the SUMU about the link between allowances and non-disclosure of medical issues:

SUMU has identified a developing safety issue with Navy Diving associated with potential non-disclosure by Navy divers of medical issues affecting them. A culture of an unwillingness to declare medical ailments [*sic*] including stress related mental health issues due to fear of losing various diving allowances or being taken off course, in the case of trainees, may be emerging and could be a factor in recent incidents. This may be an unintended consequence of the allowance and trainee regulations. Regardless the Review Team believes this matter should be investigated and remedial action taken if appropriate.<sup>232</sup>

129. Witnesses also spoke to this issue. Mr Semmens told us that:

For certain Clearance Diver postings, such as to the ADF Dive School, Mine Hunter Coastal's (MHCs), Dive Teams or to the Tactical Assault Group (TAG) East, Clearance Divers are provided with a disability allowance on top of their salary. The allowance is quite lucrative and is tied to the posting itself, not to the qualification. Therefore, if Clearance Divers are medically downgraded for physical or mental health ailment, it is almost guaranteed that they will also lose the ... allowance. They might also lose promotions or posting opportunities, which not only affects their career, but also results in being ineligible for the allowance for prolonged periods. There are not really any roles available as a Clearance Diver where you don't have to dive. Consequently, I believe that ... Clearance Divers are concealing, hiding or minimising physical injuries and mental ill health to avoid losing the allowance.<sup>233</sup>

130. Mr Maley gave another perspective on this issue, outlining that during his time as the Commanding Officer of Clearance Diving Team One:

There was a culture of not reporting problems for fear that Clearance Divers would be removed from the team, lose diving allowances and risk a medical discharge. But we were all subjected to significant physical and mental health pressures.<sup>234</sup>

131. The Royal Commission does not take issue with the proposition that members should be compensated for undertaking high-risk activities. But based on the evidence before us, such financial allowances can, and do, act as a barrier to help-seeking. They must, therefore, be counterbalanced by measures that facilitate disclosure of physical and mental health issues.

132. One worthy suggestion proffered by the May 2021 Navy Report, albeit in a different context, is adopting the submariner model of retaining allowances in a non-operational role for some time (grandfathering) while anticipating the introduction of a revised Defence salary model in due course.<sup>235</sup> We welcome, in this respect, the new Military Factor Allowance Framework introduced by Defence in May 2023. Materially, that framework provides that Clearance Divers posted to either seagoing units or Clearance Diving Teams will receive the same rate of allowances.<sup>236</sup> This payment system will be fully implemented in 2024.<sup>237</sup>

### 3.4 Risk factor #4: Poor organisational learning

133. The evidence presented before the Royal Commission suggests that there has been at least one instance of poor organisational learning by the Navy with respect to the Navy Clearance Divers, despite it being an ADF capability which is regularly reviewed.

134. As outlined above, the May 2021 Navy Report stated:

Navy Diving is one of the most reviewed capabilities in Navy, with 14 reviews since 1988 and 10 in the last five years. Few, if any, of the recommended actions from these reviews have been actioned.<sup>238</sup>

135. Defence accepts that poor organisational learning may have the potential to negatively impact upon mental health outcomes, but contends that the evidence before the Royal Commission is not sufficient to justify a definitive finding about the Clearance Diver cohort.<sup>239</sup> The Commonwealth places particular emphasis upon the outcomes of the July 2023 PULSE Surveys that are referred to in paragraph 5 and ‘the significant work undertaken by Defence to action previous reviews and implement changes across’ the Clearance Diver branch as attested to Vice Admiral Hammond’s written statement.<sup>240</sup>

136. The Royal Commission does not purport to make a finding that poor organisational learning has contributed to increased adverse health outcomes for Clearance Divers generally.<sup>241</sup> However, we consider that there is evidence of at least one instance of a lack of organisational learning within Navy that has adversely affected individual Clearance Divers.<sup>242</sup>

137. That instance comprises the 5-year period it took to ‘formally implement’ the Comcare recommendation, following the shark attack on Mr Paul de Gelder, that diving medical first aid kits should include tourniquets.<sup>243</sup>

138. Mr Maley told us of the vexation he felt about Navy’s response to the recommendation, telling us:

These recommendations were overridden by the Fleet Medical Officer in Fleet Headquarters in Navy, because it was concluded that it was more dangerous to have ‘unqualified’ people using tourniquets. This was despite the fact that the critical first aid provided to Paul by Clearance Divers immediately after the shark attack was the use of a dirty bit of line nearby as a tourniquet, a move that was credited as saving his life. The decision not to implement these recommendations

was very frustrating because two of the most significant risks for Clearance Divers are shark attacks and propeller injuries. I was made aware of a number of resignations of Clearance Divers because of this and the inability to make dive sites safer as recommended by the COMCARE investigators played on my mind heavily.<sup>244</sup>

139. Mr Thomas's reaction was more acute:

When I returned to the Navy in 2010, I went and opened the first aid kit in the Dive School and immediately noticed that there was still no tourniquet. This piece of equipment had proven life-saving for a Clearance Diver and it was one of the key recommendations coming out of the Inquiry Officer Inquiry conducted after Paul's incident and yet it was still something that Navy had not provided.

The moment I saw that there was no tourniquet in the first aid kit, my career ended. It was the straw that broke the camel's back. I was not going to put myself in a position where I could not keep myself or my fellow colleagues safe because the Navy did not provide the right equipment. In my view, the provision of a tourniquet was low-hanging fruit but it took the Navy four years to procure one and consistently have it in the first aid kit. In a country like Australia, this should have been an immediate action.<sup>245</sup>

140. Vice Admiral Hammond acknowledged, and apologised, that the Navy took too long to formally implement the inclusion of the tourniquet in first aid kits.<sup>246</sup> He stated he was 'confident' that such a delay would not occur again because of 'improved structures and a demonstrated willingness of Navy to take action and demand assurance in regard to safety actions'.<sup>247</sup>

141. The Royal Commission is hopeful that then Vice Admiral Hammond's confidence is well placed. At the least, however, the inaction by Navy with respect to the tourniquet recommendation is an illustrative example of the issues addressed in Part 2, Serving the nation, which discusses the absence of a culture of organisational learning within Defence and the adverse impact that can have on members' mental wellbeing.

### 3.5 Risk factor #5: High-tempo training and workload

142. Workforce shortages remain 'stark' at the trained and posted Clearance Diver level, with systemic 38% to 40% workforce deficiencies across the cohort. This is higher than the rate of employable/deployable workforce deficiencies across Navy (including medical downgrades and personnel on courses), which we were told are sitting at 34% as at June 2024.<sup>248</sup> It has been said that neither of the Navy Clearance Diving Teams are 'sustainable and probably never have been'.<sup>249</sup>

143. Workforce shortages within the Clearance Diver cohort can be exacerbated by the physically demanding training practices and high operational tempo which, as considered by the Clearance Divers we spoke with, impacted upon the high rates of injuries suffered and medical separations.<sup>250</sup>

144. Due to the 'high performance' nature of the role, Clearance Divers undergo an extensive training continuum.<sup>251</sup> The content and duration of these training modules appears to have been subject to revisions over time, particularly in relation to physical fitness standards.

145. On the Clearance Diver multi-day selection testing, one witness told the Royal Commission that:

The selection course is certainly tough, but it screened for a certain type of person that needed to be resilient, resourceful and able to work in stressful conditions, all whilst maintaining a level head and team minded focus.<sup>252</sup>

146. Mr Thomas told us that:

The course was designed in way that reduced all candidates down to the same physical level. This was achieved through a well-orchestrated regime of sleep deprivation, and long arduous physical activity, designed to impart fatigue onto the group, albeit each candidate reached fatigue at different times, we all got there in the end.<sup>253</sup>

147. The impacts of the high-intensity training are further compounded by the risk factors we have already described, particularly non-disclosures of injuries for fear of medical downgrade which may act as a help-seeking barrier. Mr Semmens explained, in the context of the initial employment training (IET) course, that:

I was lucky that I did not suffer any major injuries. But others certainly suffered injuries, with aural pressure injuries being common. Generally, trainees were too scared to admit suffering any injuries as they feared being removed from the course. I know this, because when I was an instructor at the Dive School, I would receive reports of injuries for other members who were concerned that their fellow trainees were hiding injuries and were at risk. When I was a trainee myself, although I did not suffer serious aural pressure injuries, there were certainly times when I masked some lower grade aural pressure symptoms in order to avoid any negative impacts on my completion of the course.

I believe that all injuries that were capable of being hidden were hidden. If you were 'whining' about injuries, you might be perceived as weak. Additionally, if you were seen by the medical centre on Base, you might be forced to miss out on part of the course, which might result in you being removed from the course or otherwise having your progress delayed. This was a big motivator for trainees to keep their injuries hidden.<sup>254</sup>

148. The Commonwealth agrees that sustained or repeated exposures to organisational stressors, such as consistently high work tempos, training requirements and limited opportunities for respite are likely to have a cumulative impact on members of the ADF.<sup>255</sup>



149. Notwithstanding, it places reliance on the July 2023 PULSE surveys to suggest that Clearance Divers ‘as a specific cohort are not reporting any greater degree of impact on their wellbeing [than the Navy benchmark average] because of their workload’.<sup>256</sup>
150. In the case of Australian Clearance Diving Team One (AUSCDT ONE), those survey responses indicated that, while the level of ‘high or moderate’ burnout was lower than the Navy PULSE benchmark, 7.7% of respondents were ‘likely to be approaching burnout’ which:
- should raise concern about the wellbeing of these individuals, and the potential for consequential adverse impacts on capability factors such as productivity, morale, susceptibility to error and retention.<sup>257</sup>
151. For Australian Clearance Diving Team Four (AUSDCD FOUR), the survey responses provided that overall indications of burnout were ‘notably lower’ than the Navy benchmark, despite the fact that the number of members experiencing a ‘high or moderate level’ of burnout was higher than the Navy PULSE benchmark.<sup>258</sup>
152. There have been cultural improvements to training practices since the time Mr Maley, Mr Thomas and Mr Semmens went through, most particularly to remove historically punitive or unnecessary physical training of Clearance Divers.<sup>259</sup> This is a positive development.
153. But the training remains physically demanding. A 2022 Safety Risk Assessment for the Clearance Diver Selection Course outlined that:
- CDAA [Clearance Diver Aptitude Assessment] is 5 days in duration, and is high intensity. Candidates will have mandatory rest and recover periods with higher work-rate activities separated with lower intensity activities ... Whilst CDAA has been designed to be demanding and fatiguing, activities do not create unnecessary risk of physical or psychological injury. The program is structured to allow safe and controlled observation of candidates.<sup>260</sup>
154. The Clearance Diver witnesses we spoke to accepted that robust training was necessary to equip divers with the requisite skillset to prepare physically and mentally for the demands of the work.
155. In addition to the highly physical nature of training, some Clearance Divers identified that there were limited opportunities for respite and recovery as a result of continuously high-tempo postings cycles. Defence told us that the career progression of a Clearance Diver ‘has a balanced sea shore ratio, and while there are many shore posting opportunities for the Clearance Diver Workforce, Clearance Divers have a routine sea going obligation, and must remain deployable’.<sup>261</sup>

156. Mr Maley explained that:

At an institutional level, postings in the clearance diver branch were split between 'shore' time, such as postings to the clearance diving teams, and 'sea time', such as postings on minehunters and ships at sea. The sea postings were considered by Navy to be more 'high-tempo' jobs, so they would give you sea pay and extra leave entitlements for the purpose of allowing you to concentrate on respite. The 'shore' time was considered to be a reduction in the workplace tempo.

However, in my experience, I didn't get much of a reduction in the tempo or respite while posted to the clearance diving billets. We were working long hours, working at night, and deployed away from home for long periods of time. By the time my daughter was 21 I had missed 17 of her birthdays. It was still highly dangerous and high-tempo work. It was not like other roles in the Navy where shore postings can be 8:00am to 4:00pm types of day jobs. Clearance divers just don't get that kind of break. We were pushed to our limits.

...I consider that the high-tempo nature of the work impacted upon the high rates of people leaving the branch, and the high rates of injuries sustained within. I think that the Clearance Diving teams need to have rotational postings where they go through the diving team (and are 'online'), then through the school and then have a respite posting within Fleet Headquarters for Clearance Divers. More should be recognised as sea-time so you don't have the Navy then saying that you need to go to sea again after a high intensity period with the team or at the school. I think it is necessary to program in dedicated respite and recognition.<sup>262</sup>

157. The Royal Commission agrees that an elite performance military unit is required to prepare and train its people for the physical and psychological demands of the role. Moreover, workforce shortages, which may exacerbate the tempo at which Clearance Divers must operate, are not readily overcome. Given this, it is incumbent on Navy to manage the risks proactively (including psychosocial risks) that training and operational tempo present. The Cell work discussed at paragraph 104 above may be part of the solution. We consider it important that the primary and secondary prevention strategies of any such Cell include mental health education and support, specifically directed at early intervention to enhance physical and mental wellbeing.

### 3.6 Protective factor #1: Transition support

158. As the Chief of Navy acknowledged, one of the biggest issues facing the Clearance Diving branch is the issue of identity.<sup>263</sup> Then Vice Admiral Hammond expressed the position in his statement thus:

To be a Clearance Diver is to be working in a diving role and to be surrounded by fellow divers. As a result any injury, illness or other factor, which sees them separated, removed or unable to engage with their work location, impacts on their sense of self.<sup>264</sup>

159. Clearance Divers have a 'strong team culture',<sup>265</sup> with their identity being closely tied to with their branch, unit, team and function. As such, any injury, illness or other factor, which sees them separated, removed or unable to engage with their work location, impacts upon their sense of self.<sup>266</sup>

160. This resonates with the other evidence given by former Clearance Divers. As one witness told us:

I really understand the identity crisis that occurs to some people on transition. It is a huge issue in the Clearance Diving branch. But I am proud to have this loss of identity because I have earned it.

...

That said, I note that when I first separated, I experienced thoughts along the lines that I hadn't achieved what I wanted to in Defence and that I had let people down and that I hadn't done what I was meant to do.<sup>267</sup>

161. Mr Semmens elaborated on the attachment between a Clearance Diver and 'their badge'. He told us that:

The creation of a Clearance Diver's identity commences at recruitment. Clearance Divers are recruited on the basis that they can do things which others cannot do. This creates a lot of pride amongst Clearance Divers, and a sense that they are different from the broader Navy. This only increases during their time in service ... We stay in small teams and are deployed frequently to do very specialised work ... it is not easy to build and maintain other outside relationships. This environment only serves to bring the community of Clearance Divers closer together, and to push them away from the broader Navy and civilian populations.

Consequently, at discharge, Clearance Divers not only walk away from their job but they also walk away from their community, friends and their identity ...<sup>268</sup>

162. The Navy Clearance Divers Trust also emphasised the importance of an 'identity transition' for Clearance Divers discharging from the Navy. In 2022, the NCDT engaged with researchers from the University of Queensland (UQ) to create an identity transition program for Clearance Divers, with a long-term aspiration that the program may be suitable for all veterans.<sup>269</sup>

163. Ms Goldsworthy gave evidence that the program is based on:

an identity transition program for recently retired [AFL] players who were struggling with their own identity ... UQ are currently adapting these programs to make them suitable for addressing similar identity issues experienced by transitioning Clearance Divers and, in the long term, all veterans ...

An early learning is that the AFL version of the program had improved results when respected individuals, such as team coaches, assisted in the delivery. The NCDT version of the program is currently being designed to be delivered by ex-serving Warrant Officer Clearance Divers through a train-the trainer process ...<sup>270</sup>

164. The University of Queensland research program's *Interim Report: Veteran Connection Program: Empowering veterans to manage identity change*, provided to the Royal Commission, outlined that:

Unfortunately, the loss of team identity and social connection are often overlooked within the CD transition process. It has been common for medically transitioning CDs to be removed from their units and allocated to Personnel Support Units, taking them away from their original support networks, as well as the leaders who know and understand them. This can result in the loss of a core identity associated with CDs' close connection to their team members, thus negatively impacting their sense of self-continuity and mental health.<sup>271</sup>

165. The Navy has indicated to the NCDT that it 'wish[es] to learn' from the University of Queensland's research program.<sup>272</sup> Defence also acknowledges the importance of comprehensive and tailored transition support in ensuring a veteran's positive transition to a predominantly civilian way of life.<sup>273</sup>

166. But Defence disagrees that the Navy does not provide a sufficient level of bespoke support to prepare and support Clearance Divers transitioning from the ADF.<sup>274</sup> Moreover, it notes that 'the provision of transition support is primarily managed through the Joint Transition Authority (JTA)'.<sup>275</sup> The Commonwealth also referred to further work being undertaken by Defence, including cooperative efforts with DVA and Services Australia, 'to ensure ... programs development with "warm handover" points' to facilitate continuity of support to transitioning veterans.<sup>276</sup>

167. However, then Vice Admiral Hammond gave evidence that in his view, as the then Chief of Navy:

I am responsible, as the custodian of this role, for the stewardship of the wellbeing of all sailors, officers and, to the greatest extent possible, their families, both in service and post service.<sup>277</sup>

168. Vice Admiral Hammond also testified before the Royal Commission that the Navy manages those members requiring clinical support through the pre-separation process (particularly in relation to lower tempo, lifestyle, loneliness, change to sense of purpose and meaning). Navy also conducts post-separation welfare checks on members at six months post separation.<sup>278</sup>

169. The Royal Commission considers it is critical that the services provided by both the Joint Transition Authority and Navy incorporate the unique challenges of identity transition, particularised to the context in which the member served.

170. Those Clearance Divers who have been able to navigate the risk posed by the period of transition attribute it to proactively establishing a civilian life outside of their work in the Navy, with one describing it to us as:

my transition process was pretty seamless, but you have to be proactive. I had a good on-base transition support person who helped guide me through the process. The medical staff and command were good and were open to exploring what I wanted to do.

...

Knowing I might find transition difficult, I scheduled myself to undertake [further study] that I have been completing. And I have been busy medical appointments. For the first time in many years, I've been able to be present at home with my family. So, I haven't had too much time to reflect, as it's been a bit of a whirlwind.<sup>279</sup>

171. Mr Semmens said of his own experience:

I believe that I have been able to settle into civilian life because I always maintained some level of interest and connection with the world outside the Navy.<sup>280</sup>

172. The negative, and positive, experiences of Clearance Divers with transition identified in this case study reflect accounts detailed in Chapter 23, Transition from military to civilian life, with respect to other members' experiences. Consistent with the views we express in Chapter 24, Empowering veterans to thrive, we consider the provision of comprehensive bespoke transition support is a protective factor against the risk of poor mental health outcomes for transitioning Clearance Divers. We commend, in that regard, the work of the Navy Clearance Divers Trust with the University of Queensland to Defence as part of its broader efforts to address proactively this period of psychosocial risk for ADF members.

## 4 Institutional response

173. Commonwealth documents indicate that, around the time that the Navy Clearance Divers Trust was undertaking the survey referred to in section 2, concerns were being raised within Navy about mental health issues among Clearance Divers.
174. In July 2020, there was a meeting of the DIVESAFE Board during which there were discussions of 'issues arising as a result of ADFDS [Australian Defence Force Dive School] staff burnout causing some mental health issues' which were seen in staff, at senior instructor level and in the dive teams themselves. Fatigue, tough training and understaffing were identified as associated factors.<sup>281</sup>

175. In December 2020, the Report on the Independent Seaworthiness Management Review of Navy Diving found that:

SUMU has identified a developing safety issue with Navy Diving associated with potential non-disclosure by Navy divers of medical issues affecting them. **A culture of an unwillingness to declare medical ailments [sic] including stress related mental health issues due to fear of losing various diving allowances or being taken off course, in the case of trainees, may be emerging and could be a factor in recent incidents.** This may be an unintended consequence of the allowance and trainee regulations. Regardless the Review Team believes this matter should be investigated and remedial action taken if appropriate.<sup>282</sup>

176. There followed the May 2021 Report referred to in paragraph 11 and dated 21 May 2021, which outlined that:

- (a) There is a discernible emerging trend of mental health issues in CDs, particularly amongst those sustaining a physical injury leading to a MEC downgrade.<sup>283</sup>
- (b) The Senior Medical Adviser of SUMU raised the instructor 'burn out' factor as a high risk factor immediately during his interview. Senior Staff members have taken leave for stress related to the impacts of instructing.<sup>284</sup>

177. On 8 June 2021, a Briefing Note on Clearance Divers was cleared by the then Deputy Chief of Navy and provided to the Minister for Defence Personnel (Ministerial Briefing Note).<sup>285</sup> The Ministerial Briefing Note was 'noted' by the Minister for Defence Personnel on 24 June 2021 and copied to the Minister for Defence, the then Chief of the Defence Force and the Secretary of the Department of Defence.

178. The Ministerial Briefing Note recorded that:

**Health Issues. There is currently no evidence that any particular patterns in mental health specific to the Clearance Diving Workgroup exist.**

Navy is aware of five suicides and one suspected suicide of Navy Clearance Divers that have occurred since 2001, one of which occurred in service. Of the five members that had separated, there was also a significant range in the time period from separation to date of death, two to thirty-nine years. Given the relatively low number and the varying lengths of time from separation to date of death, it is not possible to infer whether this represents a high number when compared with other service work groups over a twenty-year period.<sup>286</sup>

179. The Ministerial Briefing Note did not refer to the 'discernible trend of mental health issues' amongst Clearance Divers identified in the May 2021 Report.<sup>287</sup>



180. The Commonwealth refutes, and the Royal Commission accepts, that there is no evidentiary basis to conclude that the author(s) of the Ministerial Briefing Note were aware of the May 2021 Report.<sup>288</sup> But, at the least, it indicates a disconnect in the information being briefed to Navy leadership and that being briefed to the Minister for Defence Personnel about mental health issues affecting Clearance Divers.
181. In addition to Defence documents, we heard evidence that individual members were raising concerns around this time about mental health issues affecting current and former Clearance Divers.
182. In July 2022, a year after the Ministerial Briefing Note, Mr Semmens sent an email to the then Chief of Navy, a warrant officer of the Navy and the Captain, Mine Warfare and Clearance Diving to inform them that there is a culture of mental health issues in the Clearance Diver cohort. The email outlined that, since joining the Navy in 2005, Mr Semmens had attended the funerals of four former Clearance Divers, all of whom died by suicide. He also noted that he had witnessed acts of non-suicidal self-harm, extreme alcohol and drug abuse, and had been made aware of a suicide attempt within Navy quarters.<sup>289</sup>
183. Mr Semmens says that he was driven to raise this issue directly with the Navy because he wanted to ensure he had done all that he could to save his colleagues and friends.<sup>290</sup>
184. In response to this email, Mr Semmens received a holding response from the Chief of Navy's staff officer, noting that the then Chief of Navy was due to hand over to his successor, current Chief of Navy Admiral Mark Hammond AO RAN, the following day. He did not receive any response from the former or current Chief of Navy, although he did receive a call from a warrant officer of the Navy.<sup>291</sup>
185. Then Vice Admiral Hammond testified that he was only aware of the existence of the email sent by Mr Semmens because it was tendered as part of the evidence before the Royal Commission.<sup>292</sup> He testified that he was 'not surprised' that the email was not presented to him at first instance 'in the context of triaging the information' and 'the actions that have been underway at the ADF diving school and across the diving community, in concert with all the recommendations [Navy have] implemented from the [Australian Human Rights Commission report]'.<sup>293</sup>
186. Defence places some emphasis on the Australian Human Rights Commission report (AHRC Report, discussed at paragraphs 4 and 5) in addressing psychosocial issues among the Clearance Diver cohort.<sup>294</sup>
187. The (then) prospective AHRC Report was referred to in the Ministerial Briefing Note and described as 'co-designed with Navy with specific input from the Clearance Diver community, to assist the Clearance Divers, as a collective, to define and optimise their workforce in support of Navy's mission'.<sup>295</sup>

188. The Ministerial Briefing Note described focus of the AHRC Report as follows:
- (c) how culture, with a focus on individual and team strengths, contributes to capability;
  - (d) the ideal community culture – values, attitudes and beliefs
  - (e) Clearance Diver’s sense of their place both internal and external to the Navy and Navy leaderships’ expectations and understandings of the Clearance Diver workshop.<sup>296</sup>
189. That description mirrors the terms of reference for the AHRC Report.<sup>297</sup>
190. It was put to then Vice Admiral Hammond that the AHRC Report does not deal with psychosocial risk factors affecting Clearance Divers.<sup>298</sup> This proposition was rejected by the then Chief of Navy, who described the AHRC Report as addressing ‘the issues ... that led to increased mental health risk environment, particularly opportunities to redress the training system to improve the wellbeing of our people’.<sup>299</sup> The Commonwealth assert, to similar effect, that it would ‘not represent fact’ to infer that the AHRC Report ‘has no links to mental health’.<sup>300</sup>
191. Vice Admiral Hammond ultimately conceded in oral testimony in Hearing Block 12 that the word ‘psychosocial’ and ‘psychosocial risk factors’ are not evident in the report.<sup>301</sup> He went on to describe the project ‘at its core ... as an investment in the branch and member wellbeing to enable divers to stay on top of the game’ and stated that the AHRC Report thus addresses ‘psychosocial risk factors ... but not called out specifically in that language’.<sup>302</sup>
192. While it may be material to the efforts to address psychosocial risk factors affecting current and former Clearance Divers, the Royal Commission would not characterise the AHRC Report as squarely and comprehensively addressing mental health issues that may be affecting this cohort.
193. When asked to identify the steps taken by the Navy to address the issues raised by the Navy Clearance Divers Trust (NCDT), Vice Admiral Hammond referred – in addition to the work connected to the AHRC Report – to putting in abeyance ‘one of the key activities that the clearance diver work group provides ... in order to release capacity to invest in the training system’ as well as ‘a number of other activities, including going to HMAS *Penguin* and talking to the clearance diver community’.<sup>303</sup>
194. But the Chief of Navy conceded, correctly in our view, that it was ‘incumbent’ on him to engage with the issues raised by the NCDT.<sup>304</sup> That includes navigating the policy issues that constrained the Navy’s capacity to make use of the NCDT Survey.<sup>305</sup> Indeed, Vice Admiral Hammond proffered that he saw ‘great value’ in undertaking a similar exercise through an ethics approval process should that be needed.<sup>306</sup>

195. Consistent with that evidence, and noting the matters raised by Defence, including ‘completion of PULSE surveys’<sup>307</sup> the Royal Commission considers that there is more that Defence as an institution can, and must, do to address the risk of suicide and suicidality amongst current and former serving Clearance Divers. We welcome meaningful engagement with the NCDT as part of that initiative.
196. We note, in this respect, that even insofar as it concerns the AHRC Report the recommendations arising from that project are yet to be implemented. An implementation plan was prepared in 2023, being some 2 years after the report was finalised, and implementation work was ongoing in the first half of 2024.<sup>308</sup> Defence has advised that a working group was established in 2023 to track the implementation of recommendations of the AHRC Diving Clear Report, with the progress of this tracked through the Navy and ADF committee process.<sup>309</sup>

## 4.1 Response to the Navy Clearance Divers Trust Submission

197. On 14 March 2022, Ms Goldsworthy provided a copy of the NCDT Submission to the then Chief of Navy, Vice Admiral Michael Noonan.<sup>310</sup>
198. In May 2022, the then Chief of Navy formally responded to the provision of the NCDT, thanking the NCDT for the ‘insights’ provided by the submission but outlining that Defence could not further explore the information it contained because it had not gone through the relevant ethics approval process and did not comply with the Department’s requirements.<sup>311</sup>
199. Vice Admiral Mark Hammond elaborated on this response giving evidence that the Navy sought internal advice about the NCDT Submission, and this process raised a number of possible issues regarding the report including the absence of ethics approval, which informed the response provided to the NCDT.<sup>312</sup>
200. He indicated that the issues regarding ethics approval were raised ‘not to undermine’ the NCDT Submission or the work of the NCDT, but ‘to give perspective over the applicability and useability of the information that was provided to Navy’.<sup>313</sup> He also noted that these issues were:

avoidable, as they were raised separately by former Chief of Navy Vice Admiral Russ Crane (former Chair of the Clearance Divers Association) the day after the survey was first emailed to former and serving clearance divers seeking their involvement.<sup>314</sup>

201. Vice Admiral Hammond challenged the evidence given by the NCDT Chair as summarised at paragraph 13, that the formal response from the then Chief of Navy in May 2022 was ‘pretty much the end of the conversation’ with Defence.<sup>315</sup> He made reference, in this respect, to the fact a senior officer within Navy ‘sits on the Trust’.<sup>316</sup>

202. The Royal Commission acknowledges that the NCDT Submission, as informed by the NCDT Survey, was conducted in the absence of ethical approval from the Navy. We also acknowledge genuine concerns raised by the Navy as to the limitations and robustness of the data collected from the NCDT Survey due to issues of sample sizing. We believe that both concerns are important factors to be considered when examining the findings and veracity of the NCDT Submission.
203. That said, the NCDT Submission demonstrates a considered attempt of a non-for-profit ex-service organisation to raise awareness of, and direct Navy's attention to, an issue it deemed to be of fundamental significance to the Clearance Diving branch. It was informed by collective lived experiences of suicide, suicidality and poor mental health among Clearance Divers, and indicated alarming statistics worthy of further consideration by the Navy.
204. We do not agree that the Navy could not 'further explore the issues' raised in the NCDT Survey due to ethical limitations or a lack of compliance with Defence requirements. It was open to the Navy to conduct investigations of its own on the topic of mental health in the Clearance Diving branch, compliant with ethical and formal requirements, to address these concerns. We are confirmed in that view by the evidence given by the then Chief of Navy as summarised at paragraph 194.
205. Then Vice Admiral Hammond repeatedly referred this Royal Commission to the AHRC Report as evidence of steps taken to address issues raised by the NCDT.<sup>317</sup> As we have already detailed, we are of the view that the AHRC Diving Clear Report does not squarely and comprehensively address issues in relation to 'mental health, wellbeing and welfare of the branch'. Rather, its focus is on culture, which is but one aspect of service that may impact mental health, wellbeing and welfare.
206. In this statement, Vice Admiral Hammond also indicated that the testimony provided by Ms Goldsworthy was the first time that he became aware of several of the NCDT's positions and beliefs in relation to key issues. He indicated that 'it is regrettable' that these concerns were not advised to the Navy in advance, and that it was disappointing that this characterisation of the interactions between the Trust and Navy is one of inaction on Navy's part.<sup>318</sup> He elaborated on this in oral testimony, testifying that he considers it 'regrettable' that the NCDT 'did not come and have a conversation with me about their misgivings, especially in the light of the way they would characterise Navy's behaviour to the Royal Commission'.<sup>319</sup>
207. Vice Admiral Hammond did not contact Ms Goldsworthy following her testimony before the Royal Commission during Hearing Block 9. This was because he considered it 'best' that he first came before the Royal Commission to address the matter in public testimony.<sup>320</sup>

208. Counsel Assisting queried Vice Admiral Hammond as to his specific concern in relation to speaking to the NCDT before his public testimony. In response, he stated:

What I would say is that the Trust made their position very, very clear; they made it clear in a public manner. I've expressed my regret in my statement. The great work that we have done with the Australian Human Rights Commission and their report that was tabled to Navy in 2021 has, basically, been overlooked and what I detected from that testimony was a reluctance to engage with Navy and that is their right to do so.<sup>321</sup>

209. Having had the benefit of both the testimonies of both Ms Goldsworthy and Vice Admiral Hammond, the Royal Commission considers it regrettable that more has not been done to date by the Navy to proactively engage with NCDT.
210. The NCDT Submission was prepared in response to three deaths by suicide or suspected suicide of former Clearance Divers in a short period of 18 months. The NCDT Submission directly addressed issue of central relevance to the terms of reference guiding this Royal Commission (which was then underway) and provided various recommendations aimed at improving the mental health of current and former Clearance Divers and reducing the prevalence of suicide among this cohort. While the AHRC Report addresses some of the same issues (such as workforce shortages and overtraining), its focus did not specifically address mental health, suicide or suicidality.
211. The content of the NCDT Submission, which was provided to the Navy following three deaths by suicide or suspected suicide, ought to have been a call to action for the Navy to proactively engage with the NCDT, in the manner now proposed by the then Chief of Navy as outlined at paragraph 194. That said, we are heartened by the following evidence given by Vice Admiral Hammond in response to a question by the Chair as to whether there is any reason today why the relationship between Navy and the NCDT should not move forward now:

No, Commissioner. So many things go off the rails for want of a conversation. I think it's time to have another conversation. They've done some important work. There are limitations, as I've spoken to, as to how we can leverage it, we just need to find a different pathway forward. We all want the same things, which is the best outcome for our people.<sup>322</sup>

## Endnotes

- 1 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [34].
- 2 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [34].
- 3 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at 0002.
- 4 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0004 [18], 0005 [20].
- 5 Australian Human Rights Commission, *Diving Clear: A Collaborative project with the RAN Clearance Diving Branch*, November 2021, p 6 (Exhibit F-03.027, DEF.1010.0001.5873).
- 6 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at 0002 [5], 0034 [70].
- 7 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [35].
- 8 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [35].
- 9 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [35].
- 10 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [35], 1351 [39].
- 11 Australian Human Rights Commission, *Diving Clear: A Collaborative project with the RAN Clearance Diving Branch*, November 2021, p 9 (Exhibit F-03.027, DEF.1010.0001.5873).
- 12 Australian Human Rights Commission, *Diving Clear: A Collaborative project with the RAN Clearance Diving Branch*, November 2021, pp 17, 18 (Exhibit F-03.027, DEF.1010.0001.5873).  
Australian Human Rights Commission, *Diving Clear: A Collaborative project with the RAN Clearance Diving Branch*, November 2021, p 9 (Exhibit F-03.027, DEF.1010.0001.5873).
- 13 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0010 [45]; Transcript, Jeremy Thomas, Hearing Block 10, 20 July 2023, pp 71-6684 [29]–71-6885 [20]; Australian Human Rights Commission, *Diving Clear: A Collaborative project with the RAN Clearance Diving Branch*, November 2021, p 16 (Exhibit F-03.027, DEF.1010.0001.5873); Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at .0007 [34–36].
- 14 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0676.
- 15 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0670 [10(d)].
- 16 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0670, 0676.
- 17 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0676–0677; Exhibit ZZ-03.013 Navy Psychology Research Report 05/2023, Australian Clearance Diving Team Four Pulse, July 2023, DEF.1264.0002.0250 at 0251 [2]; Exhibit ZZ-03.014, Navy Psychology Research Report 04/2023, Australian Clearance Diving Team One Pulse, July 2023, DEF.1264.0002.0281 at 0282 [2].
- 18 Exhibit ZZ-03.013, Navy Psychology Research Report 05/2023, Australian Clearance Diving Team Four Pulse, July 2023, DEF.1264.0002.0250 at 0252 [8]; Exhibit ZZ-03.014, Navy Psychology Research Report 04/2023, Australian Clearance Diving Team One Pulse, July 2023, DEF.1264.0002.0281 at 0283 [8].
- 19 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0664 [12].
- 20 Commonwealth of Australia, Letters Patent, 8 July 2021, paragraph (b).
- 21 Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-160, DEF.9999.0097.0001 at 0036–0038.
- 22 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5819 [37–40].
- 23 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [35] (emphasis added).



- 24 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1342 [2(a)].
- 25 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241.
- 26 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0274.
- 27 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0247.
- 28 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0248.
- 29 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0365.
- 30 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0247.
- 31 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0241–0242.
- 32 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5826 [10–14]; Exhibit 92-01.016, Hearing Block 12, Letter from Denise Goldsworthy to Chief of Navy, DEG.0000.0001.0002.
- 33 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5826 [10–14]; Exhibit 59-01-009, Hearing Block 9, Letter from Vice Admiral Mike Noonan to Denise Goldsworthy, DEG.0000.0001.0001 at 0001.
- 34 Exhibit 59-01-009, Hearing Block 9, Letter from Vice Admiral Mike Noonan to Denise Goldsworthy, DEG.0000.0001.0001 at 0001; Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5826 [10–14].
- 35 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5826 [10–14].
- 36 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0669 [6–7].
- 37 Commonwealth of Australia, Letters Patent, 8 July 2021.
- 38 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0073 [331], 0073–0077 [329–354].
- 39 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0017 [24].
- 40 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0017 [24].
- 41 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0018.
- 42 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0016 [19]; Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, pp 59-5838 [23], 59-5839 [10].
- 43 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0017 [22].
- 44 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5822 [26–34].
- 45 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5822 [30–34].
- 46 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5822 [37–40].
- 47 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5821 [21–29].
- 48 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0017 [21].
- 49 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5834 [5–47]; Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0028 [63].
- 50 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5189 [37–46].
- 51 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5819 [37–40].
- 52 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, pp 59-5820 [43]–59-5821 [6].
- 53 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5821 [5–19].
- 54 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5820 [1–30].
- 55 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5820 [19–30].
- 56 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5823 [34–47].

57 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0036 [114].

58 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0036 [114].

59 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0036 [114].

60 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0036 [114].

61 Transcript, Michael Maley, Hearing Block 10, 20 July 2023, p 71-6834 [4–20].

62 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R.

63 Transcript, Michael Maley, Hearing Block 10, 20 July 2023, pp 71-6832 [33–43], 71-6833 [15–27].

64 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0002 [9], 0015 [75].

65 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0013 [64].

66 Transcript, Michael Maley, Hearing Block 10, 20 July 2023, p 71-6815 [15–25].

67 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0008 [38–39].

68 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0009 [44].

69 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0010 [46–51].

70 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0010 [46–51].

71 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0010 [48].

72 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0010 [49].

73 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0013 [68].

74 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0014 [69].

75 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0014 [70].

76 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0014, [73].

77 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0011-013 at 0015 [75].

78 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0015 [75–76].

79 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0015 [75–76].

80 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0016 [81].

81 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0016 [84].

82 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0016 [86].

83 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0016 [85]–0017 [88]; Transcript, Michael Maley, Hearing Block 10, 20 July 2023, p 71-6833 [15–23].

84 Transcript, Michael Maley, Hearing Block 10, 20 July 2023, p 71-6833 [29–31].

85 Transcript, Michael Maley, Hearing Block 10, 20 July 2023, pp 71-6833 [37]–71-6844 [2].

86 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R.

87 Transcript, Jeremy Thomas, Hearing Block 10, 20 July 2023, p 71-6874 [35–38].

88 Transcript, Jeremy Thomas, Hearing Block 10, 20 July 2023, p 71-6874, [42–47].

- 89 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0002–0003 [7]; Transcript, Jeremy Thomas, Hearing Block 10, 20 July 2023, pp 71-6874 [45]–71-6875 [2].
- 90 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0003–0004 [10].
- 91 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0003–0004 [10].
- 92 Transcript, Jeremy Thomas, Hearing Block 10, 20 July 2023, p 71-6875 [9–13].
- 93 Transcript, Jeremy Thomas, Hearing Block 10, 20 July 2023, 71-6875, [9–13]; Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0002 [5].
- 94 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0004 [12].
- 95 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0004 [16].
- 96 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0005 [18], 0006 [25].
- 97 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0006 [26].
- 98 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0007 [27].
- 99 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0007 [29].
- 100 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0007 [30].
- 101 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0007 [30–31].
- 102 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0008 [33–37].
- 103 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0009 [39].
- 104 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0009 [39].
- 105 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0009 [41].
- 106 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0010 [46].
- 107 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0010 [46].
- 108 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0010 [46].
- 109 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0010 [46].
- 110 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0012 [54].
- 111 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0012 [54].
- 112 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0012 [55].
- 113 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0012 [55].
- 114 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0012 [55].
- 115 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0013 [62].
- 116 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0013 [60], [61].
- 117 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0013 [63].

118 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0014 [64].

119 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0014 [65].

120 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0015–0016.

121 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R.

122 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6868 [18–22].

123 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0003 [9].

124 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0008 [40], 0010 [47].

125 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0003 [9].

126 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0005 [9]; Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, pp 71-6849, [34–46], 71-6866 [19–27].

127 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0006 [28].

128 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6850 [15–29].

129 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0008 [43].

130 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0008 [42].

131 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0009 [45]; Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6853 [39–45].

132 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, pp 71-6853 [21]–71-6854 [20].

133 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6854 [5–9].

134 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, pp 71-6854 [35]–71-6855 [5].

135 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, pp 71-6854 [35]–71-6855 [5].

136 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6855 [7–26].

137 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0010 [50].

138 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0010 [51].

139 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0010 [51–52].

140 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0010 [51]–0011 [54].

141 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0011 [58].

142 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0011 [58].

143 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0011 [58]; Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, pp 71-6857 [27]–71-6858 [12].

144 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, pp 71-6857 [27]–71-6858 [12].

145 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6868 [10–12].

146 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0014.

147 Exhibit 71-02.003, Hearing Block 10, Email from Ashley Semmens to Chief of Navy, DEF.1238.0001.0054.

148 Exhibit 71-02.003, Hearing Block 10, Email from Ashley Semmens to Chief of Navy, DEF.1238.0001.0054.

149 Exhibit 71-02.004, Hearing Block 10, Email from [redacted] to Ashley Semmens, DEF.1238.0001.0066.

150 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6883 [30–37].

- 151 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6863 [11–37].
- 152 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6864, [4–6].
- 153 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0016.
- 154 Transcript, Ashley Semmens, Hearing Block 10, 20 July 2023, p 71-6850 [31–46]; Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0016 [79].
- 155 Exhibit 75-06.035, Hearing Block 10, Briefing Note and Submission to the Minister of Defence Personnel, ACA.1001.0002.1342 at 1343.
- 156 Exhibit UU-01.001, Corrigendum to Defence Response to Notice to Give, NTG-DEF-113, DEF.9999.0191.0001 at 0002–0004 [Table 13.1].
- 157 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R 0029 [70–77], 0034 [99]; Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-160, DEF.9999.0097.0001 at 0036.
- 158 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5819 [37–42].
- 159 Exhibit 71-02.006, Hearing Block 10, Email from Ashley Semmens to Daniel Stavers, DEF.1238.0001.0005.
- 160 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0032 [94].
- 161 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0275.
- 162 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0247.
- 163 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241 at 0247.
- 164 See Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0074 [338–340].
- 165 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350 [35].
- 166 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0015 [75-76].
- 167 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0011 [56].
- 168 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0015 [70].
- 169 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241.
- 170 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R; Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give, NTG-DEF-160, DEF.9999.0097.0001.
- 171 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Witness Statement, DEF.9999.0011.0344 at 0376 [89–90].
- 172 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at 0029 [55–56].
- 173 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R; Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission, SUB.0000.0015.0241.
- 174 Exhibit 90-01.002, Hearing Block 12, Witness Statement, WIT.0012.0002.0001 at 0007 [29].
- 175 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0004 [15].
- 176 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0007.
- 177 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at 0034 [70].



178 H Groeller and N Taylor, 'Development of physiological capacity in Australian Navy divers',  
University of Wollongong', 2007; PFLR-64.2 (Navy Clearance Divers Case Study –  
Commonwealth response), PFL.0007.0002.0662 at 0680; Exhibit 75-06.033, Hearing Block  
10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341  
at 1350 [35].

179 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission,  
SUB.0000.0015.0241 at 0269.

180 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0678.

181 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1350 [35].

182 Exhibit 90-01.002, Hearing Block 12, Witness Statement, WIT.0012.0002.0001 at 0015 [66].

183 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0678.

184 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0678.

185 Transcript, Rodney Pope, Hearing Block 10, 18 July 2023, p 69-6665 [41–43].

186 Transcript, Rodney Pope, Hearing Block 10, 18 July 2023, p 69-6666 [14–20].

187 Transcript, Rob Orr, Hearing Block 10, 18 July 2023, p 69-6664 [8–37].

188 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement,  
MIM.0000.0001.0001\_R at 0004 [19].

189 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement,  
DEG.0000.0001.0013\_R at 0043 [148].

190 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement,  
MIM.0000.0001.0001\_R at 0004 [19].

191 Exhibit 59-01-011, Hearing Block 9, Navy Clearance Diver Trust, Submission,  
SUB.0000.0015.0241 at 0275.

192 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement,  
DEG.0000.0001.0013\_R at 0043 [148].

193 Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give,  
NTG-DEF-160, DEF.9999.0097.0001 at 0030 [76].

194 Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give,  
NTG-DEF-160, DEF.9999.0097.0001 at 0034 [89].

195 Exhibit 35-02.002, Hearing Block 5, Angus Campbell, Witness Statement,  
DEF.9999.0011.0344 at 0376 [89–90].

196 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0012 [55], 0013–0014 [61–67].

197 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0073 [332–333].

198 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at  
0030 [59].

199 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at  
0030 [57–58].

200 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1350 [34].

201 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1350 [34].

202 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1351, Recommendation 8.

203 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1350 [37].

204 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1350–1351 [38].

205 Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give,  
NTG-DEF-160, DEF.9999.0097.0001 at 0002 [2].

206 Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give,  
NTG-DEF-160, DEF.9999.0097.0001 at 0003 [5].

207 Exhibit 71-01.004, Hearing Block 10, Department of Defence, Response to Notice to Give,  
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- 208 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
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- 209 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0685.
- 210 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement,  
ASE.0000.0001.0001\_R at 0012 [63].
- 211 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement,  
MIM.0000.0001.0001\_R at 0005 [24].
- 212 Transcript, Michael Maley, Hearing Block 10, 20 July 2023, p 71-6841 [29–34].
- 213 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement,  
MIM.0000.0001.0001\_R at 0015 [78].
- 214 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0073 [332–333].
- 215 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0073 [334].
- 216 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0685.
- 217 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9683 [26–28].
- 218 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9684 [1–2, 8–9].
- 219 Transcript, Natasha Fox, Hearing Block 12, 20 March 2024, p 96-9685 [6–9].
- 220 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement,  
MIM.0000.0001.0001\_R at 0014 [70–71].
- 221 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1350 [35].
- 222 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement,  
ASE.0000.0001.0001\_R at 0009, 0011.
- 223 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0687.
- 224 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0687.
- 225 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0688.
- 226 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1350.
- 227 Exhibit 75-06.031, Hearing Block 10, Independent Seaworthiness Management Review of  
Navy Diving, DEF.1149.0003.0087 at 0091.
- 228 Exhibit 71-01.004, Hearing Block 10, Response to NTG-DEF-160, DEF.9999.0097.0001 at  
0006.
- 229 Exhibit 71-01.004, Hearing Block 10, Response to NTG-DEF-160, DEF.9999.0097.0001 at  
0010 [Table 2.1].
- 230 Exhibit 71-01.004, Hearing Block 10, Response to NTG-DEF-160, DEF.9999.0097.0001 at  
0011 [25–26].
- 231 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0688.
- 232 Exhibit 75-06.031, Hearing Block 10, Independent Seaworthiness Management Review of  
Navy Diving, DEF.1149.0003.0087 at 0109.
- 233 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement,  
ASE.0000.0001.0001\_R at 0009 [46].
- 234 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement,  
MIM.0000.0001.0001\_R at 0007 [33].
- 235 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 –  
Final Report, DEF.1149.0003.1341 at 1351 [42].
- 236 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662  
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to Give, NTG-DEF-160, DEF.9999.0097.0001 at 0005 [11], 0008 [18].
- 237 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0688; Exhibit 71-01.004, Hearing Block 10, Department of Defence,  
Response to Notice to Give, NTG-DEF-160, DEF.9999.0097.0001 at 0008 [18].

238 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1342.

239 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0690.

240 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0690–0692.

241 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0690–0692.

242 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0012, 0013.

243 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0073 [332–333].

244 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0010.

245 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0013–0014.

246 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0073 [353].

247 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0076 [351], 0074–0075 [346–349].

248 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0693.

249 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1351 [42].

250 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at 0005.

251 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at 0007.

252 Exhibit 90-01.002, Hearing Block 12, Witness Statement, WIT.0012.0002.0001 at 0004 [15].

253 Exhibit 71-03.002, Hearing Block 10, Jeremy Thomas, Witness Statement, JTH.0000.0001.0001\_R at 0005 [18].

254 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0005 [23–24].

255 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0692.

256 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0694.

257 Exhibit ZZ-03.014, Navy Psychology Research Report 04/2023, Australian Clearance Diving Team One Pulse, July 2023, DEF.1264.0002.0281 at 0298 [36].

258 Exhibit ZZ-03.013, Navy Psychology Research Report 05/2023, Australian Clearance Diving Team Four Pulse, July 2023, DEF.1264.0002.0250 at 0265 [36].

259 Exhibit ZZ-03.015, OIC ADFDS Directive 04/22 – Initial Actions from Royal Commission into Defence and Veteran Suicide, August 2022, DEF.1149.0003.0367.

260 Exhibit ZZ-03.011, Department of Defence, Safety Risk Assessment, DEF.1255.0001.0023.

261 Exhibit 59-01-017, Hearing Block 9, Response to NTG-DEF-113, DEF.9999.0066.0001\_R at 0007 [14].

262 Exhibit 71-01.002, Hearing Block 10, Michael Maley, Witness Statement, MIM.0000.0001.0001\_R at [21–23].

263 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0073 [332].

264 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0073 [333].

265 Exhibit ZZ-03.012, Interim Report: Veteran Connection Program: Empowering veterans to manage identity change, March 2024, DVS.7777.0001.0171.

266 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0073 [332–333].

267 Exhibit 90-01.002, Hearing Block 12, Witness Statement, WIT.0012.0002.0001 at 0018 [83–85].

268 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0013 [63–65].

269 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0028.

270 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0028.

271 Exhibit ZZ-03.012, Interim Report: Veteran Connection Program: Empowering veterans to manage identity change, March 2024, DVS.7777.0001.0171.

272 Exhibit 59-01.002, Hearing Block 9, Denise Goldsworthy, Witness Statement, DEG.0000.0001.0013\_R at 0028.

273 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0695.

274 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0694.

275 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0694.

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277 Transcript, Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9192 [15–18].

278 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement, MHM.0001.0001.0001 at 0066–0067 [305–306].

279 Exhibit 90-01.002, Hearing Block 12, Name Withheld, Witness Statement, WIT.0012.0002.0001 at 0017– 0018 [82–85].

280 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0012 [63].

281 Exhibit UU-01.013, Minutes of DIVESAFE Board meeting, July 2020, DEF.1149.0003.0644.

282 Exhibit 75-06.031, Hearing Block 10, Independent Seaworthiness Management Review of Navy Diving, DEF.1149.0003.0087 at 0109 (emphasis added).

283 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350.

284 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1351 [41].

285 Exhibit 75-06.035, Hearing Block 10, Briefing Note and Submission to the Minister of Defence Personnel, ACA.1001.0002.1342.

286 Exhibit 75-06.035, Hearing Block 10, Briefing Note and Submission to the Minister of Defence Personnel, ACA.1001.0002.1342 at 1343 (emphasis added).

287 Exhibit 75-06.033, Hearing Block 10, Navy Directive 08/2021 – Review into Navy Diving C2 – Final Report, DEF.1149.0003.1341 at 1350.

288 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0698; Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, pp 92-9260–92-9261.

289 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0013 [69].

290 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0014 [71].

291 Exhibit 71-02.002, Hearing Block 10, Ashley Semmens, Witness Statement, ASE.0000.0001.0001\_R at 0014 [72].

292 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, pp 92-9252 [45]–92-9253 [9].

293 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9253 [37–43].

294 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response), PFL.0007.0002.0662 at 0700; Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9255 [22–27].

295 Exhibit 75-06.035, Hearing Block 10, Briefing Note and Submission to the Minister of Defence Personnel, ACA.1001.0002.1342 at 1344 [6].

296 Exhibit 75-06.035, Hearing Block 10, Briefing Note and Submission to the Minister of Defence Personnel, ACA.1001.0002.1342 at 1344 [6].

297 Australian Human Rights Commission, *Diving Clear: A Collaborative project with the RAN Clearance Diving Branch*, November 2021, p 30 (Exhibit F-03.027, DEF.1010.0001.5873).

298 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9261 [29–30].

299 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, pp 92-9261 [32–34], 92-9264 [16–24].

300 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
PFL.0007.0002.0662 at 0700.

301 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9261 [33–34].

302 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9261 [33–42].

303 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9264 [16–24].

304 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9264 [38–45].

305 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9264 [38–45].

306 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9264 [38–45].

307 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
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308 Exhibit 92-01.019, Hearing Block 12, Australian Human Rights Commission Diving Clear  
Project Implementation Plan, MHM.0002.0001.0001.

309 PFLR-64.2 (Navy Clearance Divers Case Study, Commonwealth response),  
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310 Transcript, Denise Goldsworthy, Hearing Block 9, 16 May 2023, p 59-5826 [10–14]; Exhibit  
59-01-009, Hearing Block 9, Letter from Vice Admiral Mike Noonan to Denise Goldsworthy,  
DEG.0000.0001.0001.

311 Exhibit 59-01-009, DEG.0000.0001.0013\_R\_R (Statement of Denise Goldsworthy dated 9 May  
2023).

312 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0074.

313 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0074.

314 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0074–0075.

315 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0075.

316 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9258 [15].

317 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, pp 92-9253 [33–42], 92-9257  
[47]–92-9258 [3], 92-9261 [27–34].

318 Exhibit 90-06.035, Hearing Block 12, Mark Hammond, Witness Statement,  
MHM.0001.0001.0001 at 0075.

319 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9248 [12–24].

320 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, pp 92-9248 [47]–92-9249 [6].

321 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9249 [20–25].

322 Transcript, Mark Hammond, Hearing Block 12, 14 March 2024, p 92-9276 [27–31].



**Royal Commission**  
into Defence and Veteran Suicide